

Evaluation of Somali Elders Health Needs Assessment Surveys

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Submitted to:



Somali Family Service
Serving the Community
in San Diego

6035 University Avenue, Suite 6
San Diego, CA 92115

Contact: Ahmed Sahid
619-265-5821
ahmed@somalifamilyservice.org

Funded by:



Prepared by:



Institute for Public Health
Graduate School of Public Health
San Diego State University
6505 Alvarado Road #115
San Diego, California 92120
619-594-2087
<http://iph.sdsu.edu>

Table of Contents

INTRODUCTION	1
METHODOLOGY	1
DATA COLLECTION	2
DATA ANALYSIS	2
RESULTS	2
GENERAL HEALTH	3
MENTAL HEALTH AND EMOTIONAL WELL-BEING	5
DIET	9
EXERCISE/WALKING	10
HIGH BLOOD PRESSURE	10
HEART PROBLEMS AND STROKE	11
ARTHRITIS	12
DIABETES	13
ASTHMA	14
CANCER	15
Prostate Cancer	16
Women's Health Issues	16
OTHER DISEASES	17
VIOLENCE	18
OTHER HEALTH ISSUES	19
QUESTIONS SPECIFIC TO THE FOCUS GROUPS	20
Challenges to Getting Medical Care	20
Health and Culture	21
DISCUSSION	24
INDIVIDUAL ASSESSMENTS	24
General Health	24
Mental Health and Emotional Well-Being	25
Diet	25
Exercise/Walking	25
High Blood Pressure	26
Heart Problems and Stroke	26
Arthritis	26
Diabetes	26
Asthma	27
Cancer	27
Prostate Cancer	27
Women's Health Issues	27

Other Diseases	28
Violence	28
Other Health Issues	28
Questions Specific to the Focus Groups	28
Challenges to Getting Medical Care.....	28
Health and Culture	29
Limitations	29

APPENDIX A.....32

Table A1. If you have not seen the doctor in the past year, why has it been so long?	32
Table A2. If you have not seen the dentist in the past year, why has it been so long?	32
Table A3. If you still have children living with you, how often do they go to the doctor?	32
Table A4. How often do children need to be immunized?	33
Table A5. What health problems do you have that you have not seen the doctor for?	33
Table A6. Would you tell me about your bad dreams?	34
Table A7. If you think about the war or hear what’s happening in your country now, how does that affect you and your life here?	34
Table A8. What kinds of things that happen here bring back memories of the war or the resettlement process?	35
Table A9. How do you cope when things trigger memories and what do you do to deal with these feelings?	35
Table A10. What do you do when you have a lot of stress?	36
Table A11. What do people do when they are sad it doesn’t go away?	36
Table A12. What types of foods are good for you and what can be done to eat healthier?.....	37
Table A13. What do you think the community needs to know about nutrition?	38
Table A14. If you are not able to exercise regularly, why not?	38
Table A15. What would make it easier for you to exercise more often?	38
Table A16. What does the community need to know about exercise?	39
Table A17. Do you know the symptoms of high blood pressure?	39
Table A18. Do you know what causes high blood pressure?	40
Table A19. Do you know how high blood pressure can be prevented or treated?	40
Table A20. What does the community need to know about high blood pressure	41
Table A21. Do you know what causes heart problems and stroke?	41
Table A22. Do you know how heart problems and stroke can be prevented and treated?	42
Table A23. What do you think the community needs to know about heart problems and stroke?.....	42
Table A24. Do you know what arthritis is?.....	42

Table A25. Do you know the symptoms of arthritis?	43
Table A26. Do you know what causes arthritis?	43
Table A27. Do you know how arthritis can be prevented and treated?.....	43
Table A28. What do you think the community needs to know about arthritis?.....	44
Table A29. Do you know what diabetes is?	44
Table A30. Do you know the symptoms of diabetes?	45
Table A31. Do you know what causes diabetes?	46
Table A32. Do you know how diabetes can be prevented and treated?	46
Table A33. What do you think the community needs to know about diabetes?	47
Table A34. Do you know what asthma is?	47
Table A35. Do you know the symptoms of asthma?	48
Table A36. Do you know what causes asthma?	48
Table A37. Do you know how asthma can be prevented and treated?.....	48
Table A38. What do you think the community needs to know about asthma?.....	49
Table A39. Do you know what cancer is?	49
Table A40. Do you know what the risks for smoking are?	50
Table A41. Do you know the risks for your children of being around smoking?.....	50
Table A42. What do you do if you have problems with urinating, blood in urine or semen or pain in your back, hips or upper thighs?	51
Table A43. Do you know what you can do to reduce your risk of prostate cancer?... 51	
Table A44. Do you know what breast cancer is?	51
Table A45. Do you know how to screen yourself for breast cancer?	51
Table A46. Do you know what to do if you find a lump or anything unusual in your breast?.....	52
Table A47. What do women in the community need to know about breast self exams, screening or breast cancer?	52
Table A48. What do women in the community need to know about getting screened for cervical cancer?	52
Table A49. If you had a woman's disease, do you know who to talk to or how to treat it?.....	52
Table A50. Do you know the symptoms of menopause?.....	53
Table A51. What do you think women in the community need to know about women's diseases and menopause?.....	53
Table A52. If you think there is a problem with violence between the Somali community and other communities, which communities?	54
Table A53. Do you know how violence can be prevented?	54
Table A54. Do you know what can be done if someone is a victim of violence?	55
Table A55. What do you think the community needs to know about violence?	55
Table A56. Do you know how injuries and falls can be prevented or treated?.....	56
Table A57. What do you think the community needs to know about preventing injuries and falls?	56
Table A58. Do you know what causes people not to see well?	56

Table A59. Do you know how poor vision can be treated?	57
Table A60. What do you think the community needs to know about poor vision?	57
Table A61. Do you know what causes people not to hear well?	57
Table A62. Do you know how poor hearing can be treated?	58
Table A63. What do you think the community needs to know about hearing?.....	58
Table A64. Do you know what people do when they have trouble remembering things?	58
Table A65. Do you know what helps someone when they have trouble remembering things?	59
Table A66. What do you think the community needs to know about memory?.....	59
Table A67. If you don't understand the directions on the medicine, what do you do?	59
Table A68. Who can you ask for more information on how to take the medicines?... ..	60
Table A69. What medicines can you buy at the store without a prescription or piece of paper from the doctor when someone in your family is sick?	60
Table A70. If you are uncomfortable talking to your doctors about your symptoms, can you tell us why?	60
Table A71. If you are not comfortable asking your doctor to explain about a treatment, what would make it easier to ask?	61
Table A72. If it is difficult for you to travel to the doctor's office, what would make it easier?	61
Table A73. If no one at your doctor's office speaks your language, how are you able to communicate with your doctor?	61
Table A74. If you are not comfortable having your children or a stranger translate for you, can you tell me why?	61
Table A75. If you do not trust your doctor, what could your doctor do or say that would help your doctor do or say that would help you trust him (her more?	62
Table A76. What would make getting help easier when someone in your family is sick?	63
Table A77. What do you want doctors and other health care providers to know about the community to help them serve you better?	63

INTRODUCTION

San Diego has been the home to East Africans since 1989. San Diego has the second largest Somali community in the U.S. and is now the home to between 20,000 and 28,000 individuals.

Somali Family Service was established to address the needs of a refugee population faced with the challenge of building a life in a completely foreign culture. Among the many challenges faced by these families is the issue of health care.

Somali Family Services in San Diego contracted with the Institute for Public Health (IPH) at San Diego State University to conduct focus groups with a group of Somali elders to develop a health assessment survey to be given to a group of elders. The goal of the survey was to gather data that would inform the San Diego Somali community, through Somali Family Service, of their needs for health-related education and programs. An additional goal was to provide agencies working with the community and health care providers with information that would permit them to work more effectively with the members of the community and to improve the health care services provided. The IPH also was contracted to evaluate the data and complete an evaluation report.

METHODOLOGY

A draft of a health needs assessment was adapted from a survey created by Amy Pan of the Institute for Public Health for a similar assessment completed with the San Diego Somali Bantu community. Amy Pan and Janet Wolf then met with Ahmed Sahid, Director of Somali Family Services, and a group of elders on October 30, 2007, to initiate the development of questions tailored specifically for a group of senior Somali community members. The October 30 meeting was the first of five focus groups with the male elders to create an assessment tool that addressed health issues of particular concern for the senior Somali population. Following the fifth meeting with the men, Amy Pan and Janet Wolf met with a group of women to review the questions that had been developed through the series of focus groups.

The assessment originally focused solely on health conditions and needs. It very shortly became apparent that the elders' wished to include questions related to healthcare access and obstacles to care that they felt created unnecessary barriers preventing the community from obtaining effective health services. The resulting assessment contained 140 questions. While it was agreed that the questions would provide valuable information, the length of the assessment and the time required to complete it was problematic. Ultimately, it was determined that in order to acquire all the desired information, the assessment would have to be split. Assessment A included detailed questions on health issues of interest to the entire community as well as topics of special concern to seniors. Assessment B consisted of more general questions on many of the same health issues; it also incorporated the questions addressing access issues and barriers to care. Separate versions of Assessment B were developed for men and women.

DATA COLLECTION

Interviews and focus groups were conducted by community members who volunteered to assist with the assessment. Prior to beginning the data collection, community members were trained in focus group facilitation and note taking.

The original plan involved using focus groups and individual interviews to complete similar assessments. Instead, it was determined that the focus groups would respond to Assessment B, and the individual interviews would answer Assessment A.

Every effort was made to ensure that the survey questions were both culturally appropriate and asked in a way that would not be offensive to the participants. The questionnaire also was reviewed to determine that the questions reflected the community's experiences and frame of reference in order to be logical to the respondents. The final survey questions were the result of a review by community members.

A total of 85 men and 57 women participated. Fifty-nine men and all the women were interviewed individually, responding to Assessment A. The remaining 26 men participated in focus groups using Assessment B.

DATA ANALYSIS

IPH staff entered questionnaire responses into Microsoft Excel. Data was then imported into SPSS v.15 for analysis of objective questions. Data was checked for accuracy and corrected as necessary. Frequencies and percentages were run on all objective questions. Answers to open-ended questions were categorized by IPH staff for further evaluation.

RESULTS

A total of 142 surveys were analyzed. Table 1 shows the number of participants by gender. Sixty percent of the participants were males and 40% were females.

Table 1. Number and percent of respondents, by gender.

Gender	N	Percent
Males	85	59.9
Females	57	40.1

Table 2 shows the age of respondents in percent. Although the assessment was planned to include only elders, respondents came from various age groups. Approximately one-third (32%) of the men participating in the assessment were younger age 60 and just over 60% of the women were age 59 and younger.

Table 2. Age of respondents, in percent.

	Male (n=85)	Female (n=57)
Under 40 yrs	6.8	34.6
40 - 59 yrs	25.4	25.0
60 -69 yrs	40.7	30.8
70 -79 yrs	27.1	9.6

Respondents lived in 13 different zip code areas (Table 3). Over 80% of the participants lived in the central and east central sections of San Diego, with the men living over a broader area of the city than the women.

Table 3. Zip codes of respondents in percent, by gender.

	Male (%)	Female (%)
91902		2.0
91909	1.2	
91910	1.2	
91915	3.6	
91944	2.4	
91945	16.7	
92104		6.1
92105	42.9	67.3
92111	7.1	
92113	2.4	
92114	11.9	6.1
92115	8.3	18.4
92120	2.4	

GENERAL HEALTH

Over 85% of the men had seen a physician within the past year while almost all the women (97%) had been to a doctor during the same time frame (Table 4). The percentage of individuals visiting a dentist in the previous year was lower, with less than two-thirds of the men and slightly more than 80% of the women being seen by a dentist. Of the nine men who responded to the question why they had not been to the doctor, four reported having no insurance and three, no confidence in doctors (Table A1). Only two women responded to this question; one reported no insurance and the other did not know why she had not seen a doctor. When asked why they had not been to the dentist, men cited having healthy teeth and lack of insurance and/or money as the most frequent reasons while women reported a lack of time and no need (Table A2).

Table 4. Percent of respondents having seen a physician and dentist in the past year.

	Seen a doctor in the past year?		Seen a dentist in the past year?	
	Male	Female	Male	Female
Yes	85.9	96.5	63.1	82.5
No	14.1	3.5	36.9	17.5

Approximately one-third of the men had health problems they had not seen a physician for; only 2% of the women reported having problems for which they had not seen a doctor (Table 5). Almost half of the men's problems (Table A5) reported as not being reported to a doctor involved stress and mental concerns, abdominal pain, and body aches. Another 16% of the health problems were dental and eye complaints.

Seventeen percent of the women reported having difficulty getting appointments with 38% of the men stating they had difficulty. In a related question, only 6% of the men were aware of shortcuts that might help them get appointments while approximately 40% of the women knew about techniques that would ease that task (Table 5).

Table 5. Responses to general health questions, in percent.

Question	Male (n=85)			Female (n=57)		
	Yes	No	Sometimes	Yes	No	Sometimes
Do you have any health problems that you have not seen a doctor for?	33.8	66.3	NA	1.9	98.1	NA
Is it difficult for you to get an appointment with your doctor when you need one?	38.1	26.2	35.7	16.7	64.8	18.5
	Yes	No	Unsure	Yes	No	Unsure
Do you know what shortcuts you can use to make getting an appointment with your doctor easier?	6.0	89.3	4.8	39.6	28.3	32.1

NA = not applicable

Eighty percent of the women stated their health was good or healthy, and the remaining 20% felt their health was okay (Table 6). Men were less positive about their health status: 32% reported being in good health, 32% believed their health to okay, and the remaining men felt their health was poor or very poor.

Table 6. How do you feel about your overall health? (in percent)

Response	Male (n=75)	Female (n=50)
Good / healthy	32.0	80.0
OK / not bad	32.0	20.0
Not good / poor	30.7	0.0
Very bad / very poor	5.3	0.0

When asked whether they knew when to call for an appointment and when to call 911, approximately 85% of men and women reported having this knowledge (Table 7).

Table 7. Do you know when to call the doctor for an appointment or when to call 911? (in percent)

Response	Male (n=84)	Female (n=50)
Yes	86.9	84.0
No	8.3	0.0
In an emergency	2.4	0.0
When I feel ill	1.2	4.0
When I am in severe pain	0.0	12.0
I never call 911	1.2	0.0

MENTAL HEALTH AND EMOTIONAL WELL-BEING

Participants were asked several questions intended to address how they experienced their mental health and emotional well-being. Table 8 shows the results of the objective questions in this area. Approximately 60% of the men and over 90% of the women reported being aware of the importance of taking care of themselves.

Just over 40% of the men expressed that they felt rested when waking up in the morning; men averaged 5.5 hours of sleep a night. Women averaged 7.7 hours of sleep nightly, and 70% of them reported feeling rested in the morning. In a related question, 45% of the men stated that they sometimes had bad dreams while less than 20% of the women remembered having bad dreams.

Table 8. Participant responses on questions concerning self-care, in percent.

Question	Male (n=85)			Female (n=57)		
	Yes	No	Unsure	Yes	No	Unsure
Do you know it's important to take care of yourself and do things you enjoy?	69.0	11.9	19.0	92.6	0.0	7.4
Do you feel rested when you wake up?	41.7	47.6	10.7	70.4	22.2	7.4
Do you ever have bad dreams?	45.2	42.9	11.9	16.7	61.1	22.2

Of the participants willing to share the subject of their bad dreams (Table A6), 15 of 38 men reported nightmares; another 15 specifically described dreams that seemed directly related to the war in Somalia or their experience in refugee camps. Only one woman was willing to share her bad dreams and described them in terms of being chased.

Additional questions inquired about issues that bothered them and the continuing impact of the war on their lives. Approximately 40% of the men indicated something that they kept

thinking about was bothering them; less than 4% of the women reported having an issue that bothered them regularly (Table 9). Over 90% of the men stated they thought about the war in Somalia often while one-quarter of the women responded in a similar manner. A much smaller percent of individuals expressed that events happening here brought back bad memories; still, 25% of the men found that things happening here elicited such memories.

Table 9. Participant responses on questions concerning emotional issues, in percent.

Question	Male (n=85)			Female (n=57)		
	Yes	No	Sometimes	Yes	No	Sometimes
Is there something bothering you that you keep thinking about?	40.5	25.0	34.5	3.6	78.2	18.2
Do you think about the war in your country often?	91.5	8.5	NA	25.0	75.0	NA
Are there things that happen here that bring back bad memories of the war or the resettlement process?	26.2	60.7	13.1	3.6	74.5	21.8

In response to a question about how thinking or hearing about the war affects them today, 100% of the men described their reactions (Table A7) while less than 50% of the women replied. Some of the common descriptions offered were “badly,” emotionally,” “sad,” and “anxious/fearful/insecure.” While some of the men expressed less gloomy terms (“worried” and “safe”), approximately 40% of the women used terms such as “bothers me sometimes,” “worried,” “not at all”, and “safe/glad I’m here.”

Responding to a follow-up question inquiring into the types of things that happen here and bring back memories, more women than men reported that news of the war brought back memories (Table A8). Men mentioned lack of income, the difficulty of life in the U.S., and treatment by corporations more frequently than news of the war; men were also concerned that the youth were losing their traditions and culture through their experiences in the U.S.

When asked to describe their techniques for coping with painful memories, 58% of the men reported praying, 22% cited patience, and 20% found that talking with friends and family were helpful (Table A9). Women indicated that reading the Qur’an (19%), doing nothing to cope (19%), and calming themselves down were their preferred methods of dealing with painful memories.

In response to the question “what do you do when you have a lot of stress,” 50% of the responses made by the men were pray, supplicate, and read the Qur’an (Table A10). While 10% of the women’s responses were to read the Qur’an, just over 70% of the women’s responses were to sleep or rest, walk or exercise, or get out of the house.

Participants were asked if they had ever experienced torture. Fifty percent of the men and over 96% of the women indicated that they had not (Table 10). One-quarter of the men reported a history of emotional torture, with another 18% having experienced both physical and emotional torture. Two percent of the women had been physically tortured and another 2% suffered both physical and emotional torture.

Table 10. Have you ever experienced torture? (in percent)

	Male (84)	Female (55)
None	50.0	96.4
Physical	7.1	1.8
Emotional	25.0	0.0
Both physical and emotional	17.9	1.8

In response to a question about feeling chronic sadness, only 7% of the men felt this was a common occurrence; over one-third of the women believed chronic sadness was common (Table 11). When asked “what people do when the sadness does not go away,” 58% of the men and 48% of the women responded “I don’t know” (Table A11). Another 20% of the men surmised that individuals pray or read the Qur’an; almost 8% suggested that these individuals talk with a doctor or psychiatrist or talk with friends/socialize. Over 20% of the women answered “calm themselves down/relax” and another 17% responding “try to get over it,” “cry,” or “talk about being sad.”

When asked if they would be willing to learn to cope with the feelings of suffering over the war and sadness, 60% of the men indicated they would be willing to learn these skills, with another 30% stating they were unsure if they would be willing (Table 11). Interestingly, only 22% of the women were willing, with 46% being unsure and 32% certain they would not be interested in acquiring these skills.

Table 11. Participant responses on questions concerning emotional issues, in percent.

Question	Male (n=85)			Female (n=57)		
	Yes	No	Sometimes	Yes	No	Sometimes
Is it common for people to have sadness that doesn't go away?	7.2	50.6	42.2	35.8	24.5	39.6
Would you be willing to learn how to cope with these feelings differently?	60.0	8.8	31.3	22.0	32.0	46.0

Approximately 60% of both men and women reported getting headaches “sometimes” or at least once weekly (Table 12). Twenty-five percent of the women indicated they had headaches only occasionally and approximately 5% had daily or constant headaches. However, only 4% of the men reported occasional headaches while over 14% stated they had daily or constant headaches.

Table 12. How often do you get headaches? (in percent)

Response	Male (n=77)	Female (n=44)
Sometimes	39.0	47.7
At least 1 time / week	23.4	11.4
Occasionally	3.9	25.0
Daily / constant	14.3	4.5
In the morning	7.8	0.0
Never	5.2	9.1
1 -2 times / month	2.6	2.3
Rarely	2.6	0.0

Approximately 45% of the men reported daily/constant or frequent body pain or aches, with slightly less than 20% of the women experiencing body pain or aches that often (Table 13). Conversely, about 70% of the women and 40% of the men indicated that they had body pain or aches rarely to sometimes.

Table 13. How often do you feel body pain or aches? (in percent)

Response	Male (n=77)	Female (n=46)
Sometimes	37.7	59.5
Daily / constant	24.7	9.5
Frequently (>1 day / week and < 7 days / week)	19.5	9.5
Rarely	2.6	14.3
In the mornings	7.8	0.0
Never	5.2	7.1
At night	2.6	0.0

Almost half of the men and 45% of the women reported that their appetites were good (Table 14). Males and females reporting fair or poor appetites were also similar.

Table 14. How is your appetite? (in percent)

Response	Male (n=81)	Female (n=53)
Good	48.1	45.1
Fair / not good / not bad	43.2	47.1
Poor	8.6	7.8

About 60% of both the men and women felt good and/or confident about their future in the U.S. (Table 15). However, 12% of the men felt that their future here was likely to be bad, with none of the women expressing that sentiment. Almost 20% of the women described their future in the U.S. as safe while only 4% of the men used that term.

Table 15. How do you feel about your future here? (in percent)

Response	Male (n=81)	Female (n=51)
Good / confident	61.7	60.8
Safe	3.7	19.6
Bad	12.3	0.0
OK / not good / not bad	9.9	13.7
Concerned / unsure	8.6	5.9
I don't know	2.5	0.0
Hopeless	1.2	0.0

DIET

This section of the assessment addressed diet issues. Over half of the men reported that they had noticed changes in their eating habits (Table 16). Only 13% of the women indicated that their eating habits had changed. Approximately 57% of the men stated that their doctor had recommended food choices and a similar percentage of the men indicated they were unfamiliar with the recommended foods. Slightly less than 50% of the women answered that their doctor had recommended food choices, but more of them (61%) were familiar with the foods suggested.

In response to the question about the potential helpfulness of classes teaching healthy cooking, approximately three-quarters of both men and women responded positively (Table 16).

Table 16. Responses to questions about diet, in percent.

Question	Male (n=59)			Female (n=57)		
	Yes	No	Unsure	Yes	No	Unsure
Have you noticed any changes in your eating habits, such as eating too much or too little?	53.6	35.7	10.7	13.0	75.9	11.1
Has your doctor made recommendations concerning the types of foods you should be eating?	56.9	43.1	NA	46.4	53.6	NA
If he or she has, do they include foods you are familiar with?	41.2	58.8	NA	61.2	38.8	NA
Would classes that taught how to cook healthy foods be helpful for you?	77.6	8.6	13.8	72.2	5.6	22.2

When asked what types of foods are good for you and what can be done to eat healthier, both men and women mentioned fruits and vegetables (Table A12). Men also listed fish, traditional Somali foods, dairy products, non-fatty foods, and rice frequently. Women listed salads often but otherwise seemed to include a wider variety of foods than the men.

Responding specifically to the question “what can be done to eat healthier,” both men and women answered to plan healthy and balanced meals (Table A12). Interesting to note, men also said that economic improvement would allow them to eat a healthier diet.

Finally, the participants were asked what they thought the community needed to know about nutrition. “The health benefits of eating healthy” was by far the most common response (Table A13). Nutrition classes and classes teaching cooking of healthy food and snacks were also frequent responses.

EXERCISE/WALKING

Eighty-nine percent of the men and 95% percent of the women reported that they exercised regularly (Table 17). For those individuals having difficulty exercising regularly 29% of the men reported having no time with another 29% stating that body aches kept them from exercising (Table A14). The sole woman answering this question indicated that time was the reason she was unable to exercise regularly.

Table 17. Participant responses to question about exercise, in percent.

Question	Male (n=85)		Female (n=57)	
	Yes	No	Yes	No
Are you able to exercise (such as walk) regularly?	89.3	10.7	94.6	5.7

When asked what would make it easier to exercise regularly, the men needed good weather (26%), exercise equipment at home (15%), good health (13%), and a good place to exercise (10%). The women mentioned an exercise place for women only (23%), a good place to exercise (20%), an exercise partner/group (17%), and a safe place to walk (17%) (Table A15).

The universal message the respondents felt the community needed about exercise was the health benefits of regular exercise (Table A16).

HIGH BLOOD PRESSURE

Almost 90% of the men and 43% of the women either had high blood pressure themselves or knew someone who did (Table 18). Nearly the same percent (88%) of the men believed the community was at risk for high blood pressure; only 15% of the women felt that way. When asked if they thought medication could cure high blood pressure, close to 20% of both men and women believed it could be curative. The more interesting responses to this question were that over half the men did not think medications could cure it while 64% of the women were unsure.

Table 18. Participant responses to questions concerning blood pressure, in percent.

Question	Male			Female		
	Yes	No	Unsure	Yes	No	Unsure
Do you have or do you know someone who has high blood pressure?	89.2	7.2	3.6	42.9	37.5	19.6
Do you believe your community is at risk for high blood pressure?	87.7	5.3	7.0	14.8	20.4	64.8
Do you think medicines can cure high blood pressure?	17.5	52.6	29.8	21.4	14.3	64.3

Almost half of the men and 80% of the women were unfamiliar with the symptoms of high blood pressure (Table A17). Of specific symptoms mentioned, headaches and confusion were the most frequently mentioned. Some of the other symptoms listed by the men included heart palpitations, dizziness, body aches, swollen joints, anger, fatigue, and weakness. Seven women reported knowing the symptoms but did not list them; three women indicated there were no symptoms of high blood pressure.

In response to the question “do you know what causes high blood pressure,” approximately three-quarters of both the men and women reported they did not know the causes (Table A18). Of the specific answers received, stress and obesity were the most common. Other causes listed included genetics, poor eating habits, frustration, anger, poverty, high salt intake, and age.

Nearly 90% of the men and 60% of the women did not know how high blood pressure is treated (Table A19). The specific responses to the question “do you know how high blood pressure can be prevented or treated” included diet, medication, exercise, limit salt intake, consult with doctor, and weight control.

Finally, when asked what the community needs to know about high blood pressure, men felt that how to prevent and treat the condition were the most important information to share (Table A20). Women felt the community needed to know the importance of controlling blood pressure and the dangers of high blood pressure.

HEART PROBLEMS AND STROKE

Almost half of the men and just 16% of the women either had heart problems or had had a stroke themselves or knew someone who did (Table 19). The same percent (47%) of the men believed the community was at risk for heart problems and stroke, with less than 10% of the women believing that.

Table 19. Participant responses to questions concerning heart problems and stroke, in percent.

Question	Male			Female		
	Yes	No	Unsure	Yes	No	Unsure
Do you have or do you know someone who has heart problems and stroke?	47.0	47.0	6.0	16.4	52.7	30.9
Do you believe your community is at risk for heart problems and stroke?	47.4	14.0	38.6	9.1	20.0	70.9

In response to the question “do you know what causes heart problems and stroke,” 65% of men and more than 75% of women reported they did not know the causes (Table A21). Of the specific answers given, high blood pressure, smoking, stress, and high cholesterol were the most common. Other causes suggested included obesity, poor diet, blood clotting, war problems, and diabetes.

Over 90% of the men and slightly more than 80% of the women did not know how heart problems and stroke can be prevented and treated (Table A22). The specific responses to this question included diet, medication, exercise, seeking medical advice, and avoiding smoking.

When asked what the community needs to know about heart disease and stroke, men felt that how to prevent and treat the condition were the most important information to share (Table A23). The most common response by women was to inform the community about the dangers of heart problems and stroke; although representing a smaller percentage, approximately the same number of men echoed that answer.

ARTHRITIS

In response to the question “do you have or do you know someone who has arthritis, over three-quarters of the men answered yes while less than one-third of the women said yes (Table 20). Two-thirds of the men believed the community was at risk for arthritis, and just 9% of the women felt that way. When asked if they thought medication could cure arthritis, over half of the men replied no with another 40% being unsure. Approximately 15% of the women believed that medication could cure arthritis, with another 15% responding no and 70% unsure.

Table 20. Participant responses to questions concerning arthritis, in percent.

Question	Male			Female		
	Yes	No	Unsure	Yes	No	Unsure
Do you have or do you know someone who has arthritis?	79.5	18.1	2.4	31.5	63.0	5.6
Do you believe your community is at risk for arthritis?	66.7	3.5	29.8	8.9	26.8	64.3
Do you think medicines can cure arthritis?	6.9	51.7	41.4	14.8	14.8	70.4

Participants were asked if they knew what arthritis was. Although almost 50% of the men did not know, 36% responded that it was pain in the joints (Table A24). Seventy-three percent of the women indicated they did not know.

Similarly, 40% of the men reported that they did know the symptoms of arthritis (Table A25) and 43% listed joint pain as a symptom. Over 70% of the women were unfamiliar with the symptoms.

In response to the question “do you know what causes arthritis,” 70% of the men and almost 95% of women reported they did not know the causes (Table A26). Of the specific answers given, aging was the most common.

More than 90% of the men and 83% of the women did not know how arthritis can be prevented and treated (Table A27). The specific responses to this question included medications, exercise, and a good diet.

The men felt the community needs to know how to prevent and treat arthritis; they also believed that learning to live with the condition was important (Table A28). Women felt that the community needed to be aware of the causes as well as how to prevent it; they also thought the community should be familiar with the dangers of arthritis.

DIABETES

Almost 90% of the men indicated that they had or knew someone who had diabetes; almost 50% of the women responded similarly (Table 21). Ninety percent of the men believed that the community was at risk for diabetes while less than 25% of the women responded the same way; another 60% of the women expressed uncertainty. When asked if they thought medication could cure diabetes, over 70% of the men replied no with only 7% responding yes. Fifteen percent of the women believed that medication could cure diabetes and over two-thirds were unsure.

Table 21. Participant responses to questions concerning diabetes, in percent.

Question	Male			Female		
	Yes	No	Unsure	Yes	No	Unsure
Do you have or do you know someone who has diabetes?	88.1	10.7	1.2	48.1	48.1	3.7
Do you believe your community is at risk for diabetes?	89.7	1.7	8.6	23.6	16.4	60.0
Do you think medicines can cure high diabetes?	6.9	70.7	22.4	15.1	18.9	66.0

Approximately 46% of the men and 62% of the women reported that they did not know what diabetes was (Table A29). Of those individuals that gave an explanation, all referred to the use of sugar or the production of insulin by the body.

When asked about the symptoms of diabetes, 34% of the men and 69% of the women reported being unfamiliar with them (Table A30). Specific symptoms mentioned often included frequent urination, dehydration/thirst, and body pain.

In response to the question “do you know what causes diabetes,” 74% of the men and 66% of the women reported they did not know the causes (Table A31). Of the specific answers given, obesity, stress, and eating too much sugar were the most common.

Eighty-four percent of the men and 70% of the women did not know how diabetes can be prevented and treated (Table A32). Diet, exercise, and eating less sugar were mentioned most frequently; medication was listed by five of the participants.

In answer to the question “what do you think the community needs to know about diabetes, the men responded with how to prevent, how to treat, and how to live with the condition was important (Table A33). Women believed the community needed education and awareness of the dangers of diabetes.

ASTHMA

In answer to the question “do you have or do you know someone who has asthma, 50% of men and 46% of women responded yes (Table 22). Thirty-six percent of the men felt that the community was at risk for asthma while 18% of the women responded the same way. Over 30% of the men thought that a lot of people in the community had difficulty breathing. This question was unintentionally omitted from the women’s questionnaire.

Table 22. Participant responses to questions concerning asthma, in percent.

Question	Male			Female		
	Yes	No	Unsure	Yes	No	Unsure
Do you have or do you know someone who has asthma?	50.0	38.1	11.9	45.5	45.5	9.1
Do you believe your community is at risk for asthma?	36.2	29.3	34.5	18.2	21.8	60.0
Do a lot of people in the community have difficulty breathing?	31.6	19.3	49.1	NA	NA	NA

NA = not available

Participants were asked if they knew what asthma was. While slightly more than 47% of the men did not know, 25% replied that it was related to breathing difficulties (Table A34). Forty-seven percent of the women indicated they did not know, with 38% reporting they knew.

Two-thirds of men responded “difficulty breathing” when asked about asthma symptoms. (Table A35). Thirty-three percent of the women reported knowing the symptoms of asthma while almost 60% indicated that they were unfamiliar with them.

In answer to the question “do you know what causes asthma,” 64% of the men and 72% of women reported they did not know the causes (Table A36). Twenty-eight percent of the women responded that they did know the causes of asthma.

Nearly 95% of men and 69% of women did not know how asthma can be prevented and treated (Table A37). Almost 25% of the women did respond that they were aware of how asthma can be prevented and treated.

Learning how to prevent, treat, and live with asthma were the men’s most common responses to the question “what do you think the community needs to know about asthma” (Table A38). Women also felt that the community needed to be familiar with how to prevent it, but also wanted education about the disease and thought the community should be familiar with the dangers of asthma.

CANCER

Over three-quarters of both men and women reported that they did not have nor did they know someone with cancer (Table 23). Over 50% percent of the men indicated that they did not believe that the community was at risk for cancer with 32% of the women responding similarly.

Table 23. Participant responses to questions concerning cancer, in percent.

Question	Male			Female		
	Yes	No	Unsure	Yes	No	Unsure
Do you have or do you know someone who has cancer?	19.0	77.4	3.6	14.3	80.4	5.4
Do you believe your community is at risk for cancer?	12.3	54.4	33.3	3.7	31.5	64.8

Approximately two-thirds of both men and women stated they did not know what cancer is (Table A39). Over 25% of the women responded that they knew what cancer is.

In response to the question “do you know what the risks of smoking are,” 50% of both men and women replied yes (Table A40). Specific risks the participants mentioned included cancer, lung disease, heart disease, stroke, bad breath, and addiction to nicotine.

In answer to the question “do you know what causes cancer,” 64% of the men and 72% of women reported they did not know the causes (Table A36). Twenty-eight percent of the women responded that they did know the causes of cancer.

Participants were then asked if they knew the risks for children of being around smoking. Sixty-eight percent of the men and 45% of the women responded with “yes” (Table A41). Another 14% of men and 36% of women offered specific risks.

Learning how to prevent, treat, and live with cancer were the men’s most common responses to the question “what do you think the community needs to know about cancer” (Table A38). Women also felt that the community needed to be familiar with how to prevent it,

but also wanted education about the disease and thought the community should be familiar with the dangers of cancer.

Prostate Cancer

The men’s questionnaire included questions about prostate cancer. Fifty-four percent of the men reported that they did not get screened for prostate cancer when going to the doctor (Table 24).

Table 24. Participant responses to questions concerning prostate cancer, in percent.

Question	Yes	Male	
		No	Unsure
When you go to the doctor, do you get screened for prostate cancer?	21.4	53.6	25.0

In response to the question “what do you do if you have problems with urinating, blood in urine or semen or pain in your back, hips or upper thighs,” 65% replied that they would go to the doctor (Table A42). A disturbing finding was that almost 19% did not know what they would do. Over 95% of the men were not familiar with what they might do to reduce their risk of prostate cancer (Table A43).

Women’s Health Issues

The women’s questionnaire contained multiple questions about women’s health issues, including breast and cervical cancer, menopause, and other women’s diseases. Table 25 shows the participants’ responses to some of these questions. Only 32% of the women were certain that they were screened for breast cancer when they went to the doctor. When asked if they knew what breast cancer is, 55% of the women replied no (Table A44). Seventy-one percent did not know how to do breast self exams. A frightening 34% did not know what to do if they found a lump or anything unusual in their breasts (Table A46). When asked what the women in the community needed to know about breast self exams and being screened for cancer, 40% of the women mentioned the importance of breast self exams and how often to get screened (Table A47). Over 30% of the women also responded they needed to know how to do perform self exams

Table 25. Participant responses to questions concerning women’s diseases, in percent.

Question	Yes	Female	
		No	Unsure
Do you get screened for breast cancer when you go to the doctor?	31.5	31.5	37.0
Do you know what cervical cancer is?	27.3	63.6	9.1
Do you get screened for cervical cancer when you go to the doctor?	20.0	18.2	61.8
Do you know about diseases that affect only women?	26.8	60.7	12.5
Do you feel comfortable talking to your doctor about women's issues?	49.1	37.7	11.3
Do you know what menopause it?	34.5	60.0	5.5

Almost two-thirds of the women reported that they did not know what cervical cancer is (Table 25) and only 20% were certain they are screened when they go to the doctor. When asked what the women in the community needed to know about getting screened for cervical cancer, 68% of the women who responded to this question replied “the importance of getting screened” (Table A48).

Sixty percent of the women were not familiar with diseases that affect only women (Table 25). Slightly more than 60% of the women reported that they would not know who to talk to or how to treat a woman’s disease (Table A49). However, the other 40% reported that they knew who to talk to, how to treat it, or that they would see a physician.

Finally, the women were asked about menopause. Slightly more than one-third of the women responded yes when asked if they knew what menopause is (Table 25). Over 75% were not familiar with the symptoms of menopause (Table A50). This lack of knowledge may be related to the age of the participants; almost 35% of the women participating were younger than age 40.

When asked what they thought the women in the community needed to know about women’s diseases and menopause, the specific responses focused on education and the awareness that women’s diseases can be quite serious.

OTHER DISEASES

Participants were asked if they were concerned about tuberculosis (TB), malaria, and HIV/AIDS. Responses to those questions can be seen in Table 26. A clear pattern was apparent; the percent of men concerned about these diseases was substantially higher than the percent of women who were concerned.

Table 26. Participant responses to questions concerning other diseases, in percent.

Question	Male			Female		
	Yes	No	Unsure	Yes	No	Unsure
Are you concerned about TB?	81.0	16.7	2.4	29.1	69.1	1.8
Are you concerned about malaria?	73.8	21.4	4.8	30.9	67.3	1.8
Are you concerned about HIV and AIDS?	76.2	21.4	2.4	34.5	63.6	1.8

VIOLENCE

Table 27 shows the responses to questions about violence. When asked “are you concerned about violence, the men overwhelmingly responded yes (85%) while slightly less than one-third of the women indicated a concern. More than 50% of the men believed there is a domestic violence problem in the community, yet less than 20% of the women agree; another 50% of the women reported that they were unsure whether domestic violence was a problem.

The men also felt that there was a problem with violence among the Somali youth (71%) but did not feel it was as large a problem between the Somali community and other communities (28%). Twenty percent of the women responded that they believed there was a problem among Somali youth and 17% felt there was a problem with other communities. When asked about specific communities, participants mentioned the Mexican and African American communities multiple times (Table A52).

Table 27. Participant responses to questions concerning violence in the Somali community, in percent.

Question	Male (n=85)			Female (n=57)		
	Yes	No	Unsure	Yes	No	Unsure
Are you concerned about violence?	84.5	15.5	0.0	32.7	57.7	9.6
Do you think domestic violence is a problem in the community?	55.2	19.0	25.9	18.5	29.6	51.9
Do you think there is a problem with violence among the Somali youth?	70.7	6.9	22.4	20.5	27.8	51.9
What about between the Somali community and other communities?	28.1	33.3	38.6	16.7	22.2	61.1

OTHER HEALTH ISSUES

The remaining sections of the individual questionnaires addressed health issues common to the seniors, although they are not exclusive to that population. Table 28 shows the responses to questions about four specific areas of interest.

When asked “are you concerned about injuries and falling,” over 50% of men expressed concern; slightly more than one-third of the women answered the same. Almost 90% of the men reported concern over being able to see well and 83% over hearing; just one-quarter of the women indicated concern about either of these issues. Finally, 78% of men felt the elders were concerned about losing their memory while slightly less than 30% of the women responded similarly. One possible explanation for this incongruity in responses might be the age differences between the male and female participants; 35% of the women were younger than forty years of age while only 7% of the men fell into this age range.

Table 28. Participant responses to questions about health issues common to seniors, in percent.

Question	Male (n=85)			Female (n=57)		
	Yes	No	Unsure	Yes	No	Unsure
Are you concerned about injuries and falling?	53.0	27.7	19.3	35.2	53.7	11.1
Are you concerned about vision and being able to see well?	89.2	10.1	0.0	26.4	69.8	3.8
Are you concerned about hearing?	83.1	15.7	1.2	25.0	75.0	0.0
Are there are concerns among the elders about losing their memory and being unable to remember things?	78.0	7.3	14.6	29.4	43.1	27.5

As a follow-up to the question about concern over injuries and falling, participants were asked if they know how these events might be prevented or treated. Slightly more than 80% of men replied that they did not know while 62% of women either responded that they knew or offered suggestions to prevent them (Table A56). When asked what the community needs to know about preventing injuries and falls, how to prevent injuries and falls and education about safety and prevention were the most common responses, especially among the men (Table A57). The women suggested that the community be reminded to be careful.

Participants were asked if they knew what causes people not to see well. Eighty-six percent of the men and 73% of the women indicated that they did not know (Table A58). Some of the specific causes mentioned included cataracts, illness, glaucoma, age, and disease. A very similar percentage of both men and women were not familiar with how poor vision could be treated (Table A59). Treatment suggestions offered included consulting with an eye doctor, wearing glasses or contact lenses, and surgery. Participants believed that the community needed to be aware of the importance of taking care of your eyes and how to prevent and treat vision loss.

In response to the question “do you know what causes people not to hear well,” 84% of men and 67% of women were unfamiliar with the causes (Table A61). Possible causes provided by the respondents included age, loud noises, injury, wax buildup, and disease. An even larger percent of participants did not know how poor hearing could be treated: 93% of the men and 77% of the women (Table A62). Education about hearing loss, how to prevent and treat it, and causes of hearing loss were common responses to the question “what do you think the community needs to know about hearing” (Table A63).

Approximately 95% of both men and women were unaware what people could do if they have trouble remembering things (Table A64). The same percentage of respondents did not know what might be helpful to someone when they have problems with their memory (Table A65). When asked what they thought the community needed to know about memory, education about memory loss and how to prevent, treat, and cope with it were the most frequent responses (Table A66).

QUESTIONS SPECIFIC TO THE FOCUS GROUPS

Challenges to Getting Medical Care

Participants in the focus groups were asked several questions about health insurance. Over three-quarters of the focus group participants had health insurance to help pay for doctor visits and medicines and slightly more than 60% had insurance to pay for dental visits (Table 29). Seventy-two percent reported knowing how to use their insurance card and almost 60% reported that their doctor knew what kind of insurance they had. Only 35% understood what their insurance covered and did not cover with even fewer (12%) knowing who to talk to if they had questions about their insurance.

Table 29. Participant responses to questions about health insurance, in percent.

Question	Yes	Male (n=26)	
		No	Unsure
Do you have insurance to help pay for doctor visits and medicines?	76.9	23.1	NA
Do you have insurance to pay for your visits to the dentist?	61.5	38.5	NA
Do you know how to use your insurance card?	72.0	28.0	NA
Does your doctor know what kind of insurance you have?	57.7	11.5	30.8
Do you know what your insurance covers and what it does not cover?	34.6	57.7	7.7
Do you know who to talk to if you have questions about your insurance?	11.5	88.5	NA

Additional questions inquired about the respondents' expectations and experiences with getting and using prescription medications. Nearly two-thirds of the participants reported that they expected to get a prescription for medication at every visit yet only 42% said they knew how to read the directions on the prescriptions they get (Table 30). Slightly more than half of the individuals stated that they have told their doctor that some of the prescriptions he (she) has given them were not covered by their insurance. Less than one-third of the men were comfortable asking for medication if the doctor did not suggest it.

Table 30. Participant responses to questions about medications, in percent (n=26).

Question	Yes	Male	
		No	Unsure
Do you expect your doctor to always give you medicine when you see him (her)?	65.4	34.6	NA
Do you know how to read the directions on medicines your doctors give you?	42.3	53.8	3.8
Do you tell him or her that your insurance does not pay for some of the medicines he gives you?	53.8	46.2	NA
Are you comfortable asking your doctor for medicines if he or she does not suggest them?	30.8	46.2	23.1

NA = Not applicable

When asked "if you don't understand the directions on the medicine, what do you do," 44% of the participants stated they asked relatives or friends in the community; an additional 24% asked the pharmacy (Table A67). Eleven percent did not take the medication if they were unable to find someone to help them. The final 5% (one individual) of the group indicated doing "nothing," it was unclear if that meant they did not take the medication or they used it in a way they determined appropriate.

Respondents were asked what medicines they could buy without a prescription. Although 8% of the men indicated that they did not buy anything without a prescription and 15% stated they had bought nothing, other participants reported having purchased several types of over-the-counter medicines (Table A68). Over 75% had purchased pain relievers (i.e., Tylenol); other categories purchased included laxatives, antacids, allergy medicines, and cough medicine.

Health and Culture

Another section of the focus group questionnaire addressed issues in which the lack of cultural understanding might create barriers to care. Approximately 60% of the men felt their doctor asked enough questions during an appointment (Table 31). Less than half of the participants believed their doctor provided sufficient follow up care.

Table 31. Participant responses to questions about their doctor’s care, in percent.

Question	Yes	Male (n=26)	
		No	Unsure
Do you feel your doctor asks enough questions when you do see him?	61.5	30.8	7.7
Do you feel your doctor provides adequate follow up care when you have been sick?	46.2	46.2	7.7
Do you feel comfortable talking to your doctor about your symptoms?	53.8	19.2	26.9
If your doctor recommends a treatment and you don’t understand what the treatment will do, or why he (she) is suggesting it, do you feel comfortable asking a question?	72.0	16.0	12.0

Slightly more than half of the participants were comfortable talking to their doctor about their symptoms (Table 31). A lack of cultural understanding was the most common reason respondents gave for being uncomfortable talking to their doctor about their symptoms (A70).

Seventy-two percent felt comfortable asking questions if they did not understand why a treatment was recommended or what it would do (Table 31). When asked what would make it easier to ask the doctor to explain a treatment, three of the four respondents replying to this question indicated that language was the primary barrier (Table A71).

Table 32 provides participant responses to additional questions about potential barriers to care. Almost 90% of the men indicated that it was difficult to travel to the doctor’s office. All of the participants answering the question about difficulty getting to the doctor’s office indicated that transportation was the primary factor (Table A71).

Table 32. Participant responses to questions about other potential barriers to care, in percent.

Question	Male (n=26)		
	Yes	No	Unsure
Is it difficult for you to travel to the doctor's office?	88.5	11.5	NA
Does someone at your doctor's office speak your language?	42.3	57.7	NA
Are you comfortable having your children translate for you?	76.0	24.0	NA
Are you comfortable having a stranger translate for you?	57.7	42.3	NA
Do you trust your doctor?	69.2	7.7	23.1
Do you feel your doctor understands how your culture and religion plays a role in your health?	50.0	38.5	11.5
Do you think it is important for your doctor to understand that?	100.0	0.0	0.0
Do you know who to talk to if you are unhappy with your health care or your doctor?	7.7	92.3	NA

Almost 60% of the participants reported that no one at their doctor's office spoke their language (Table 32). A follow up question asked how they were able to communicate with their doctor if no one in the office spoke their language. Sixty-four percent of those responding to this question reported taking a friend or family member to translate (Table A73). Fourteen percent stated that they understood most of what the doctor said but had to point to show the doctor where they hurt. A small, but important, percentage (7%) of the group replied that they did not go to the doctor.

Seventy-six percent of the men were comfortable having their children translate for them at the doctor's office, and 58% reported they would be comfortable having a stranger translate (Table 32). Further inquiry found that 60% of those indicating they were uncomfortable having their children or a stranger translate noted that they did not feel a stranger could explain their situation adequately or had no confidence or trust in a stranger (Table A74).

Almost 70% of the respondents reported that they trust their doctor (Table 32). The lack of a Somali speaker and inadequate time during the appointment were the responses given when asked what would help them trust their doctor more (Table A75).

Only 50% of the members of the focus groups felt their doctor understood the role culture and religion plays in their health while 100% believed it was important for the doctor to understand that relationship (Table 32). Over 90% of the participants did not know who to talk to if they were unhappy with their doctor.

Nearly half of the group indicated that transportation would make it easier to get help when a family member is sick (Table A76). Communications and 911 issues made getting help more difficult for 40% of the respondents; it was unclear precisely what was meant in this answer. Twenty-eight percent of the responses reflected the language issue: the need for translators, Somali staff, and a doctor who speaks Somali were the specific comments.

When asked what they wanted the doctors and other service providers to know about the community to help them get the medical care they need, accessibility, staff or translators who speak their language, and understanding their culture and traditions were the most frequent responses (Table A77).

DISCUSSION

Health needs assessments were completed by 142 members of the San Diego Somali community. Individual interviews were conducted with 116 individuals: 59 men and 57 women. Focus groups were held with 26 men. There were separate assessment instruments for men and women; these questionnaires were identical except for the gender specific questions. A third survey was developed for use with the focus groups; this instrument included questions that addressed the elder's concerns about accessibility and barriers to receiving care.

The community elders were the population that was to be interviewed. Indeed, 68% of the men were age 60 or older, another 25% were age 40 to 59, and the remaining 7% were younger than 40. However, only 41% of the women were age 60 or older, 25% were between 40 and 59, and more than one-third (35%) were younger than 40. This age discrepancy did not invalidate the findings of the survey or make them less valuable. However, the age disparity created a challenge in interpreting the differences in responses between genders. Because age influences experiences and perspectives, it was necessary to take that factor into consideration in this discussion.

INDIVIDUAL ASSESSMENTS

General Health

A great majority of the respondents had seen a physician within the past year. Although 86% of the men had seen a doctor at least once in the previous 12 months, one-third of them reported having health problems that had not been evaluated by a physician. This difference could have been because the problems had arisen since their last visit, or perhaps the men were uncomfortable bringing up those issues. A much smaller percent of the women reported having problems not addressed at a doctor's visit. It would be interesting to learn if the age difference played a role in this difference. Would elder women be as likely to discuss health problems with their doctor as the younger women or would there be a greater percent who had unaddressed health issues?

The difference in the percent of men (32%) and women (80%) who believed their health was good was dramatic. Were the women actually healthier? Could this have been related to the age difference? Were the women naturally more optimistic? While none of the possibilities

was in itself important, understanding this difference might inform the community with respect to the most effective ways to provide services and programs.

Mental Health and Emotional Well-Being

Women were much more likely to understand the importance of taking care of themselves than men (90% compared to 60%). Was this difference a natural phenomenon or was the age difference an important dynamic in this relationship?

Forty-five percent of the men and 17% of the women reported having bad dreams. Approximately 40% of the men and fewer than 4% of the women responded there was something they kept thinking about. There was a similar discrepancy in the percent of men and women who often thought about the war (90% vs. 25%) and in the things that happen here bring back bad memories of the war or the resettlement process (26% vs. 4%). The descriptions of how thinking or hearing about the war affected them were also quite different, with the women using less negative terms than the men. Would these differences have been similar if the ages of the men and women were less dissimilar? If the women were younger than the men when they left Somalia, their experiences of the war, while no less horrific, were likely experienced over a shorter period of time. How much did this influence the responses? Did this also affect how the men and women felt about their future in the U.S.?

The men and women described very different methods of coping with painful memories as well as coping with stress. Was this a typical gender difference or, again, was this related to the age disparity?

A surprising finding was that 60% of the men and 22% of the women were willing to learn new coping skills for dealing with their suffering over the war and sadness. One might have expected women to be more open to learning coping skills. However, this willingness could offer opportunities to empower the community, especially through the elders, to improve their quality of life.

Diet

The men were less familiar with the foods recommended by their doctor than the women (41% vs. 61%). This was not unexpected; because women tend to be responsible for their family's meals and the associated marketing, they would recognize the foods recommended by the doctors even if they were not foods the family frequently ate.

Exercise/Walking

The percent of respondents reporting that they exercised regularly was outstanding. However, the participants described several suggestions that would make it easier for the community as a whole to exercise more. These suggestions offered opportunities for improvement at multiple levels: individually (described as commitment to exercise); within the community (exercise partners/groups); at the city level (improved neighborhood safety); and

collaboration between community agencies, individuals, and local government (park improvement and maintenance).

High Blood Pressure

The men were more likely than women to have high blood pressure or know someone who does as well as to believe that the community was at risk for high blood pressure. However, neither the men nor women were familiar with the symptoms or how blood pressure is treated. This lack of knowledge clearly was reflected in the aspects of blood pressure they felt the community needed to know.

Heart Problems and Stroke

The subject of heart problems and stroke showed a pattern similar to that for high blood pressure: a much larger percentage of men than women either had had heart problems and/or a stroke or knew someone who did, and the men were much more likely to believe the community was at risk. In addition, a small percentage of individuals, regardless of gender, were familiar with the causes of heart problems and stroke or their prevention and treatment. The participants again believed that it was important for the community to learn how to prevent and treat the conditions as well become aware of the health risks.

Arthritis

The pattern of men being much more likely to have or know someone with the condition and believing that the community was at risk repeated itself with arthritis. More men than women also believed that arthritis could not be cured, with almost three-quarters of the women being unsure. Men were more familiar with arthritis, although a very large percentage of both men and women reported they did not know the causes or how to prevent and/or treat the condition. The causes, how to prevent and treat arthritis, learning to live with the condition, and its health risks were topics that the participants felt the community needed to know.

Diabetes

Although almost half of the women responded that they had or knew someone who had diabetes, more of the men (90%) responded similarly. Again, men were more likely to believe the community was at risk and more certain that medication was not curative. Familiarity with what diabetes is, symptoms, prevention and treatment was low. That lack of knowledge was reflected in the topics recommended for the community to know: how to prevent, treat, and live with diabetes and an awareness of its health risks.

Asthma

The percentage of men and women who had or knew someone who had asthma was quite similar (50% vs. 46%); however, the men were more likely than the women to believe that the community was at risk for asthma. Approximately the same percentage of men and women acknowledged knowing what asthma was. Although more men than women reported being familiar with its symptoms, a larger percentage of men were unfamiliar with its prevention and treatment. These findings informed the participants' recommendations for the community: to learn how to prevent, treat, and live with asthma and an awareness of its health risks.

Cancer

Neither men nor women were especially likely to have or know someone who has cancer. Although 54% of the men believed the community was at risk, this was a substantially lower estimate than for many of the other diseases included in the assessment. Men and women were equally familiar with the risks of smoking, with men reporting more awareness of the risks to children. Once again, the participants felt the community needed to learn how to prevent, treat, and live with cancer as well as increasing the awareness of its risks to the health of the community.

Prostate Cancer

Slightly over half of the men were certain that their doctor screened them for prostate cancer. While almost two-thirds of the men reported that they would see the doctor if they had problems urinating, had blood in their urine or semen, or pain in their back, hips or upper thighs, almost 20% did not know what they would do. Although there was no question inquiring what the community needed to know about prostate cancer, these findings might offer an opportunity for education for the men in the community and a recommendation to providers to increase the screening levels and to educate their patients.

Women's Health Issues

Approximately one-third of the women knew that they were screened for breast cancer by their doctor, almost three-quarters did not know how to do breast self exams, and 34% did not know what to do if they found a lump or anything unusual in their breasts. It was felt that the women in the community needed information about being screened for cancer as well as the importance of breast self exams and education in how to perform self exams. This information could be the basis for educational programs for the women as well as for the health care providers to improve screening and to train their patients in performing breast self exams.

The findings for cervical cancer were similar: the majority (64%) did not know what cervical cancer is and far fewer (20%) were positive they were screened by their health care providers. The participants did not report familiarity with women's diseases nor did they know who to talk to or how to treat them.

Only about one-third of the women knew what menopause is, and three-quarters of them did not know its symptoms. While this lack of knowledge may have been related to the age of the participants, these findings might provide direction for education for the women in the community as well as for the health care providers.

Other Diseases

Men were far more likely to be concerned about tuberculosis, malaria, and HIV/AIDS in the community than the women. Further investigation might tease out whether this difference was an artifact of the age difference between the men and the women, a result of their different life experiences, a cautious perspective, and/or a reflection of the true risks to the community.

Violence

As with many of the other topics, men were far more concerned than women (85% vs. 33%) about violence in the community. A curious finding was that the men were more likely to believe there was a domestic violence problem in the community. A wide gap also existed between men and women in their belief there is a problem with violence among the community's youth (71% vs. 21%). Were these differences a function of the gender roles in the culture? Was there some denial by the women? Was it a reflection of the age differences between participants? Determining the reasons for the differences would be useful as a means of informing and empowering the community to develop programs and/or provide education to its members.

Other Health Issues

The respondents' responses on the questions about injuries and falls, vision, hearing, and memory mirrored those of many of the specific diseases. A greater percentage of men than women were concerned about the issues; and there was little familiarity with causes, prevention, and treatment. The recommendations for what the community needs to know were similar as well: education on the causes, prevention, and treatment of the conditions.

Questions Specific to the Focus Groups

Challenges to Getting Medical Care

One-quarter of the participants in the focus groups were without medical insurance and more than one-third were without dental insurance. Lack of insurance was obviously a major barrier to getting health care. More disturbing were the findings that only one-third of the individuals with insurance knew what it did and did not cover and 12% knew who to talk to if they had questions about their insurance. Coupled with the language challenges of many community members, it should not have been surprising that the community felt disenfranchised. The discovery of this lack of knowledge would provide an opportunity to work with health care providers, social workers, and the health insurance providers (government

and/or private) to ensure that the community members be given this type of information. This would also offer the community an opportunity to encourage their members to become more assertive in their pursuit of improved care.

The questions about medications offered insight into the expectations of the community as well as the members' comfort level with asking to have their needs met. Expecting medication at every appointment may have been related to the participants' experiences in Somalia. However, it was not unusual in this country, with patients feeling medications were the solution to all medical issues. This finding, along with the information from the condition-specific questions, might offer the community and health care providers the chance to explain the incorrect belief that medication is an appropriate treatment in all cases. It might also be a learning opportunity for health care providers that they need to continually educate their patients about the appropriate use of medications.

Health and Culture

The issues of being comfortable telling the doctor their symptoms, asking for additional information about treatments, requesting medication if not offered, and lack of trust all were influenced by the lack of someone who spoke their language and a lack of understanding by the health care providers of the role culture, traditions, and religion play in the health of the community. These missing pieces were mentioned over and over again by the survey participants. Ignoring the importance of these issues would likely undermine any attempts at improving access and fostering a caring and healthy relationship between community members and their health care providers. Educational opportunities on both sides might be available. Clearly, the health care community must make an effort to provide staff or translators to enable patients to communicate effectively with their providers. Programs to familiarize health care staff and providers with the community's culture, traditions, and religion would encourage them to appreciate the role these play in the lives and health of their patients. In the same way, educational programs for the community could be developed to empower the members to become more assertive in demanding good care and to recognize that the expecting their health care providers to understand their culture and traditions was unrealistic, but expecting them to appreciate the role it plays in their lives and health would be reasonable.

Limitations

Although the assessments underwent successive drafts to craft them to pull out the desired information, they did not always provide the information desired. The open-ended nature of many of the questions was meant to offer the respondents the opportunity to tell what they knew about the various subjects. However, the exact phrasing of the questions offered the participants the opportunity to respond with a simple yes or no. As a result, the depth of information acquired was more limited than had been hoped for.

The age disparity between the men and women was addressed earlier in the Discussion section. It made the comparisons between genders more difficult to interpret. Not only were there natural gender role differences, but the age difference confounded the comparisons further. With age come experiences that younger participants did not have; that is true for all cultures. But in this case, age impacted the years spent in a war-torn country, time in refugee camps, and the memories associated with those experiences. Younger community members

would bring different perspectives to the questions, resulting in vastly different responses. Finally, aging brings different health challenges that younger participants would not likely understand.

These limitations do not invalidate the findings of this assessment. In fact, they can be seen as strengthening future similar assessments. They have provided a significant amount of useful information that can be used to educate community members, agencies working with the community and health care providers to improve the community's health care and its experiences with the health care system. In addition, the limitations provide a springboard for developing stronger tools and methods for future investigations.

Appendix
to the
**Evaluation of Somali Elders Health
Needs Assessment Surveys**

January 2009

Submitted to:

Somali Family Services

Prepared by:



Institute for Public Health
Graduate School of Public Health
San Diego State University
6505 Alvarado Road #115
San Diego, California 92120
619-594-2087

APPENDIX A

Table A1. If you have not seen the doctor in the past year, why has it been so long?

Response	Male (n=9)	Female (n=0)
No insurance	4	1
No confidence in doctors	3	0
Lack of transportation	1	0
Good health	1	0
Medications not effective	1	0
“No chance”	1	0
“I don’t know”	0	1

Table A2. If you have not seen the dentist in the past year, why has it been so long?

Response	Male (n=25)	Female (n=5)
No time	0	2
Did not think I needed to	0	2
No insurance / no money	7	1
My teeth are healthy.	13	0
Dentist did not offer good service	1	0
I lost confidence in them.	1	0
Barriers to access (no transportation, no interpreter, no one to help make appointment)	3	0

Table A3. If you still have children living with you, how often do they go to the doctor?

Response	Male (n=51)	Female (n=12)
When needed / ill	17	1
At least 12 times / year	5	4
6 – 11 times /year	3	1
3 – 5 times / year	8	0
1 – 2 times / year	3	3
Often	4	2
Often they do not	5	0
Sometimes	6	1

Table A4. How often do children need to be immunized?

Response	Male (n=55)	Female (n=22)
At birth	4	0
Early / when small	24	1
All the time	0	1
Often / several times	2	2
Every 2 – 3 months	7	2
1 – 2 times / year	2	0
When needed	5	5
I don't know / I'm not sure	11	11

Table A5. What health problems do you have that you have not seen the doctor for? *

Response	Male (n=30)	Female (n=57)
Dental	4	0
Eyes	4	0
All the time	0	0
Ears	1	0
Headaches	3	0
Chest	2	0
Abdominal	6	0
Back / neck	4	0
Joint	2	0
Body aches	5	0
Prostate	1	0
Nerve	1	0
Diabetes	1	0
Stress	6	0
Mental	6	0
Insomnia	3	0
Undetermined	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A6. Would you tell me about your bad dreams?

Response	Male (n=38)	Female (n=1)
Nightmares	15	0
The war in Somalia	7	0
How we suffered in the refugee camps	1	0
Torture and dead people	2	0
Fighting among the people and being killed	4	0
Past events	1	0
Snakes chasing me	1	0
Being chased and running and running	0	1
Ghosts and friends who passed away long ago	1	0
I don't remember when I wake up	3	0
I don't remember but they are horrible	4	0

Table A7. If you think about the war or hear what's happening in your country now, how does that affect you and your life here? *

Response	Male (n=85)	Female (n=27)
Badly	31	2
Emotionally	14	5
Sad	9	6
Economically	8	0
Physically	7	0
Anxious / fearful / insecure	6	0
Not as much as it did	0	5
Insomnia	4	0
Bothers me sometimes	0	3
Suspicious / untrusting	2	0
Loss of appetite	2	0
Worried	1	2
Does not really affect my life	0	2
Not at all	0	2
Socially	1	0
Unhappy	1	0
Safe / glad I am here	1	1
Hopeless (because unable to go home)	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A8. What kinds of things that happen here bring back memories of the war or the resettlement process? *

Response	Male (n=30)	Female (n=9)
News of the war	3	7
Lack of income	6	0
Difficult life in the U.S.	6	0
Treatment by companies (i.e., cable, utilities)	6	0
The way our youth are losing their traditions, culture, and religion	3	0
Family members still in Africa / missing	2	0
American way of life / inability to adapt	2	0
Tribalism	1	1
Shortage of job opportunities	1	0
Lack of trust / whispering	1	0
Hearing about children using drugs / joining gangs	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A9. How do you cope when things trigger memories and what do you do to deal with these feelings? *

Response	Male (n=72)	Female (n=31)
Pray	42	4
Patience	16	0
Talk with friends and family / socialize	15	4
Watch television	10	0
Supplications	7	0
Try to forget / ignore	7	6
Read the Qur'an	6	6
Nothing	6	6
Calm myself down / relax	4	6
Exercise (i.e., walking, sports)	5	1
Read for pleasure	2	0
Ask my doctor	2	1
Sleep	0	2
Do something else	0	2
Smoke	1	0
Work inside the home	1	0
Get out of the house	0	1
Call my family back home	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A10. What do you do when you have a lot of stress? *

Response	Male (n=83)	Female (n=53)
Pray	36	1
Sleep / rest	5	23
Walk / exercise	12	15
Talk to my doctor	13	0
Read the Qur'an	11	6
Talk with friends / socialize	6	2
Supplications	6	0
Patience	5	0
Nothing	4	2
Calm myself down	1	3
Get out of the house	0	3
Read for pleasure	2	0
Occupy myself with something else	2	0
Eat comfort foods	0	2
Smoke	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A11. What do people do when they are sad it doesn't go away?

Response	Male (n=78)	Female (n=52)
I don't know	45	25
Pray	13	1
Talk to doctor or psychiatrist	3	2
Talk with friends / socialize	3	0
Read the Qur'an	3	0
Try to get over it	0	3
Cry	0	3
Talk about being sad	0	3
Watch television	2	0
Muslims don't have such things	2	0
Hide it / live with it	2	1
Occupy themselves with something else	0	2
Calm themselves down / relax	1	11
Find something to make themselves laugh	1	0
Exercise	1	0
Run away	1	0
Replace feelings with joy	1	0
Think positive	0	1

Table A12. What types of foods are good for you and what can be done to eat healthier? *

Response	Male (n=56)	Female (n=53)
Fish	21	0
Vegetables	21	10
Fruits	10	11
Dairy products	10	3
Traditional Somali foods	10	1
Non-fatty foods	10	0
Rice	9	1
White meat	6	3
Salads	0	5
Camel / goat meat	4	0
Pasta	4	0
Anything from the soil	4	0
Cereals / wheat	2	3
Meat	2	3
Oils	0	1
The following responses specifically answer the question, “What can be done to eat healthier?”		
Plan healthy / balanced meals	7	10
Economic improvement	5	0
Learn to cook healthy	2	0
Education on what is healthy for you	2	0
Read labels	1	0
Drink more water	1	0
Use oil / sugar	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A13. What do you think the community needs to know about nutrition?

Response	Male (n=40)	Female (n=26)
The health benefits of eating healthy	25	14
Nutrition classes	7	7
Classes teaching cooking of healthy food and snacks	4	3
Shopping tips for buying healthy food economically	2	0
Kinds of food elders eat and why	1	0
Importance of eating from the soil	1	0
Classes in Somali	0	1
Quit eating fast foods	0	1

Table A14. If you are not able to exercise regularly, why not?

Response	Male (n=7)	Female (n=1)
No time	2	1
Body aches	2	0
No space	1	0
No place to walk	1	0
Always tired	1	0

Table A15. What would make it easier for you to exercise more often?

Response	Male (n=39)	Female (n=30)
Good weather	10	0
Exercise place for women only	0	7
Good / nice place to exercise	4	6
Exercise equipment at home	6	0
An exercise partner or group	3	5
Safe place to walk	1	5
Good health	5	0
Commitment	1	4
Time	3	1
Advice from doctor	2	0
Getting up early	2	0
Free classes	0	2
Gym membership	1	0
Place to exercise close to home	0	1

Table A16. What does the community need to know about exercise?

Response	Male (n=64)	Female (n=31)
The health benefits of exercising	61	30
An exercise center	2	0
Encouragement to exercise	1	0
Classes	0	1

Table A17. Do you know the symptoms of high blood pressure? *

Response	Male (n=56)	Female (n=54)
No	25	43
Headaches	19	7
Confusion	10	0
Yes	4	7
Heart palpitations	5	0
Dizziness	4	1
Body aches	4	0
Eyes	3	0
Lack of appetite / weight loss	3	0
There are no symptoms	0	3
Dry mouth	2	0
Chest pain	2	0
Swollen joints	1	1
Anger	1	1
Fatigue	1	0
Weakness	1	0
Sweating	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A18. Do you know what causes high blood pressure? *

Response	Male (n=55)	Female (n=53)
No	41	39
Stress	8	4
Obesity	5	2
High cholesterol	3	1
Genetics / family history	0	3
Poor eating habits	0	3
Yes	2	1
Frustration	2	0
Lack of exercise	0	2
Anger	0	2
Family problems	1	0
Poverty	1	0
Heart problems	1	0
High salt intake	1	0
Eating fatty foods	1	0
Age	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A19. Do you know how high blood pressure can be prevented or treated? *

Response	Male (n=55)	Female (n=53)
No	49	32
Diet	1	4
Medication	2	3
Yes	2	2
Exercise	2	2
Limit salt intake	1	1
Consult with doctor	1	0
Being happy	1	0
Control weight	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A20. What does the community need to know about high blood pressure? *

Response	Male (n=42)	Female (n=25)
How to treat	26	2
How to prevent	24	3
The importance of controlling blood pressure / the dangers of high blood pressure	7	10
How to live with high blood pressure	6	0
Causes of high blood pressure	4	4
Education	2	2
Encouragement to eat healthier	2	2
Exercise	1	0
Percent of elders with high blood pressure	1	0
Importance of treating the condition as directed	1	0
Classes in Somali	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A21. Do you know what causes heart problems and stroke? *

Response	Male (n=57)	Female (n=51)
No	37	39
High blood pressure	8	0
Smoking	7	0
Stress	6	3
Yes	3	5
High cholesterol	5	2
Obesity	3	1
Poor diet	2	0
Anemia	2	0
Blood clotting	1	0
Lack of vitamins	1	0
War problems	1	0
Diabetes	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A22. Do you know how heart problems and stroke can be prevented and treated?

Response	Male (n=57)	Female (n=53)
No	53	43
Yes	2	4
Poor diet	1	3
Exercise	0	3
Seek medical advice	2	2
Medication	0	2
Avoid smoking	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A23. What do you think the community needs to know about heart problems and stroke? *

Response	Male (n=41)	Female (n=28)
How to prevent	42	6
How to treat	29	0
The dangers of heart problems and stroke	11	12
Education	7	5
Causes of heart problems and stroke	5	4
How to live with heart problems and stroke	3	0
Symptoms	2	2
Importance of seeking medical care	0	2
What to do if you are close to someone who has an attack	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A24. Do you know what arthritis is?

Response	Male (n=56)	Female (n=41)
No	27	30
Pain in the joints	20	4
Bone pain	3	7
Age-related illness	2	0
Backache	1	0
Body aches	1	0
Muscle pain	1	0
Lower extremity pain	1	0

Table A25. Do you know the symptoms of arthritis? *

Response	Male (n=57)	Female (n=54)
No	23	39
Joint pain	25	4
Yes	3	6
Pain	4	2
Backache	3	0
Swelling of the joints	2	1
Bone pain	1	2
Muscle pain	2	0
Inability to stand quickly / easily	1	0
Forgetfulness	0	1
Shaky hands	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A26. Do you know what causes arthritis? *

Response	Male (n=57)	Female (n=51)
No	40	48
Aging	12	0
Yes	2	4
Body deterioration	1	0
Poor diet	1	0
Rheumatism	1	0
Obesity	0	1
Dry bones	0	1
Pain	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A27. Do you know how arthritis can be prevented and treated?

Response	Male (n=57)	Female (n=54)
No	52	46
Medications	0	4
Yes	1	3
Exercise	3	0
Good diet	1	1
Vitamins and minerals	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A28. What do you think the community needs to know about arthritis? *

Response	Male (n=67)	Female (n=16)
How to treat	42	0
How to prevent	34	5
How to live with arthritis	18	0
What it is	6	2
Causes of arthritis	4	5
The dangers of arthritis	1	4
Symptoms	2	1
Importance of getting treated immediately	0	2
Importance of exercising	1	0
That it is a major problem in our community	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A29. Do you know what diabetes is?

Response	Male (n=56)	Female (n=50)
No	26	31
Yes	21	17
Elevated blood sugar levels	5	2
Sugar mixed with blood	1	0
The body's inability to absorb sugar properly	1	0
Sugar not being converted to glycogen	1	0
Low insulin secretion	1	0
Improper use of sugar in the blood	1	0

Table A30. Do you know the symptoms of diabetes? *

Response	Male (n=56)	Female (n=52)
No	19	36
Frequent urination	27	1
Dehydration / dry mouth / thirst	19	0
Body pain	15	0
Yes	3	11
Hunger	9	0
Fatigue	5	1
Weight loss	4	0
Headaches	3	0
Weakness	3	0
Loss of appetite	2	0
Dizziness	2	0
High blood sugar levels	1	1
Sugar in urine	1	1
Urge to eat sweets	1	1
Muscular collapse	1	0
Backache	1	0
Sweating	1	0
Fever	1	0
Poor vision	1	0
Urine smells differently	1	0
Swollen ankles / feet	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A31. Do you know what causes diabetes? *

Response	Male (n=57)	Female (n=53)
No	42	35
Yes	1	14
Obesity	6	0
Stress	5	0
Eating too much sugar	4	0
High blood sugar levels	0	3
Poor eating habits	2	1
Frustration	2	0
Genetics	1	0
Pancreas does not convert glucose to glycogen	1	0
Lack of exercise	1	0
Depression	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A32. Do you know how diabetes can be prevented and treated?

Response	Male (n=57)	Female (n=53)
No	48	37
Yes	0	7
Diet	4	5
Exercise	5	2
Eating less sugar	4	1
Medication	2	3
Follow doctor's instructions	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A33. What do you think the community needs to know about diabetes? *

Response	Male (n=70)	Female (n=22)
How to prevent	57	3
How to treat	43	1
How to live with diabetes	16	0
Awareness of the dangers of diabetes	6	9
Education	2	6
Causes of diabetes	4	5
Need to eat less sugar	3	0
How to cure diabetes	2	0
Symptoms	0	2
Need to eat a healthy diet	1	0
Need to exercise	1	0
That limbs may be lost	1	0
What diabetes is	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A34. Do you know what asthma is?

Response	Male (n=57)	Female (n=53)
No	27	25
Yes	8	20
Breathing difficulties	14	5
Allergy	6	0
Airway disease	0	2
Cough	1	0
Pollution / unhealthy environment	1	0
Shortness of breath	0	1

Table A35. Do you know the symptoms of asthma? *

Response	Male (n=57)	Female (n=55)
Difficulty breathing	38	4
No	15	32
Yes	2	18
Congestion	7	0
Cough	5	0
Heart palpitations	3	0
Sleep loss	1	0
Nausea	1	0
Redness of eyes	1	0
Suffocation	1	0
Sneezing	1	0
Headaches	1	0
Wheezing	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A36. Do you know what causes asthma?

Response	Male (n=55)	Female (n=53)
No	35	38
Allergy	17	0
Yes	1	15
Pollution / unhealthy environment	2	0
Birth issues	0	1
Natural causes	0	1

Table A37. Do you know how asthma can be prevented and treated?

Response	Male (n=57)	Female (n=55)
No	54	38
Yes	1	13
Good hygiene, healthy environment	1	0
Using medicine properly	1	2
With inhalers	0	2

Table A38. What do you think the community needs to know about asthma? *

Response	Male (n=57)	Female (n=21)
How to prevent	46	11
How to treat	17	4
How to live with asthma	8	0
Awareness of the dangers of asthma	4	6
Education	3	6
Causes of asthma	3	4
Symptoms	1	1
How to cure asthma	1	0
Need to follow up with doctor regularly	1	0
Live in a healthy environment	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A39. Do you know what cancer is?

Response	Male (n=58)	Female (n=53)
No	39	35
Yes	4	13
Incurable diseases	12	0
Smoking	2	0
Tumor	0	2
Abnormal growth of cells	1	0
Deadly disease	0	1
Group of diseases that have to do with cells	0	1
Bad disease	0	1

Table A40. Do you know what the risks for smoking are? *

Response	Male (n=56)	Female (n=56)
Yes	28	28
No	10	15
Cancer	10	6
Lung disease	0	5
Poor health	2	0
Heart disease	2	0
Stroke	2	0
Tuberculosis	2	0
Respiratory problem	1	0
Gum disease	0	1
Bad breath	0	1
Addiction to nicotine	0	1
Teeth turn yellow	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A41. Do you know the risks for your children of being around smoking?

Response	Male (n=56)	Female (n=56)
Yes	38	25
No	10	11
Become second-hand smokers	1	14
Lung problems	2	2
Tuberculosis	2	0
Poor health	0	2
Dangerous to their health	1	0
Contaminates their surroundings	1	0
Diseases caused by smoke	1	0
Asthma	0	1
Chronic illness	0	1

Table A42. What do you do if you have problems with urinating, blood in urine or semen or pain in your back, hips or upper thighs?

Response	Male (n=52)
Go to the doctor	34
I don't know	10
I don't have these pains	5
Nothing	2
Take pain killers	1

Table A43. Do you know what you can do to reduce your risk of prostate cancer?

Response	Male (n=56)
No	54
Yes	1
Get screened often	1

Table A44. Do you know what breast cancer is?

Response	Female (n=56)
No	31
Yes	19
Lump in breast	2
Tumor in breast	2
Deadly breast condition	1
Has to do with menstruation and lumps	1

Table A45. Do you know how to screen yourself for breast cancer?

Response	Female (n=56)
No	40
Yes	12
Touch yourself around breast area	1
Once a year or own exam	1
Self exam	1
Go to the doctor	1

Table A46. Do you know what to do if you find a lump or anything unusual in your breast?

Response	Female (n=56)
Go to the doctor	30
No	19
Yes	7

Table A47. What do women in the community need to know about breast self exams, screening or breast cancer? *

Response	Female (n=32)
The importance of breast self exams	13
How often to get screened	13
How to perform self exams	10
How often to do self exams	2
Should go to doctor	2
Education about breast cancer	2
See your doctor if you find a lump	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A48. What do women in the community need to know about getting screened for cervical cancer?

Response	Female (n=19)
The importance of getting screened	13
Class about women's health issues	2
When to get screened	2
How to get screened	1
See your doctor annually	1
Cervical cancer has no symptoms	1

Table A49. If you had a woman's disease, do you know who to talk to or how to treat it? *

Response	Female (n=42)
No	26
Yes	11
Go to the doctor	5
Get medication from the doctor	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A50. Do you know the symptoms of menopause? *

Response	Female (n=50)
No	38
Yes	5
Hot flashes	3
Menstrual period stops	3
Anger	1
Sweating	1
Lack of sleep	1
Extended menstrual bleeding	1
Arthritis	1
Discomfort	1
Mood swings	1
No longer able to have babies	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A51. What do you think women in the community need to know about women's diseases and menopause? *

Response	Female (n=15)
Educational class	5
Women's diseases can be very serious	3
Causes of these diseases	2
How to prevent women's diseases	1
How to prevent symptoms of menopause	1
Resources for information and training	1
Importance of seeing your doctor	1
Symptoms	1
How to treat the symptoms of menopause	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A52. If you think there is a problem with violence between the Somali community and other communities, which communities?

Response	Male (n=14)	Female (n=5)
Mexicans	11	5
African Americans	9	1
Asians	2	0

Table A53. Do you know how violence can be prevented? *

Response	Male (n=31)	Female (n=53)
No	20	15
Educate the youth	11	0
Educate the newcomers	10	0
Give the parents more authority	10	0
Yes	4	0
Elder engagement	4	0
Parental engagement	3	0
Apply Somali traditions	2	0
Organized rally with community and youth	2	0
Create youth recreation centers	2	0
Make more equipment available	1	0
More education	1	0
Being caring / loving people	1	0
No fighting	1	0
Deport Somalis who participate in violence	1	0
Good relationship between parents and police	1	0
Empower elders	1	0
Talk about it and work it out	0	1
Good parenting / upbringing	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A54. Do you know what can be done if someone is a victim of violence?

Response	Male (n=56)	Female (n=53)
Yes	5	22
Call 911 / the police	20	12
Report to law enforcement agencies	19	0
No	11	13
Walk away	0	3
Go to the doctor	1	0
Get help	0	1
Call someone you trust	0	1
Seek legal assistance	0	1

Table A55. What do you think the community needs to know about violence? *

Response	Male (n=68)	Female (n=26)
How to prevent it	54	9
That violence is not tolerated in this country	6	0
It is dangerous	4	4
Give the parents more authority	10	0
Violence should not be tolerated	0	4
Education	2	3
Teach the community to stay away from violence and gangs	3	0
How to protect the youth from participating	2	1
That violence destroys	1	2
It damages the community's credibility	1	0
Nothing	1	0
Have more inter-community meetings	1	0
The type of violence	1	0
Engage elders	1	0
A major problem in the community	1	0
Call the police in case of violence or gang activity	1	0
Violence is not the answer	0	1
Causes of the violence	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A56. Do you know how injuries and falls can be prevented or treated?

Response	Male (n=57)	Female (n=50)
No	46	19
Yes	4	25
Being careful / walking carefully	3	4
A result of accidents so cannot be prevented	3	0
Teach safety in the workplace	1	0
Be safer	0	1
Bandages	0	1

Table A57. What do you think the community needs to know about preventing injuries and falls?

Response	Male (n=46)	Female (n=18)
How to prevent	18	5
Education about safety and prevention	15	3
Reminders to be careful	1	9
Awareness of the importance of safety	5	0
How to avoid accidents	2	0
How to cope with injuries	1	0
Causes of injuries and accidents	1	0
Not to fight or hit each other	1	0
Teach safety in the workplace	1	0
The dangers of broken limbs	1	0
That accidents and injuries can be prevented	0	1

Table A58. Do you know what causes people not to see well? *

Response	Male (n=57)	Female (n=51)
No	49	37
Yes	1	2
Cataracts	2	0
Illness	2	0
Poor diet	2	0
Lack of vitamin A	1	0
Glaucoma	1	0
Age	0	1
Eye problems	0	1
Disease	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A59. Do you know how poor vision can be treated? *

Response	Male (n=56)	Female (n=53)
No	49	36
Yes	0	13
Go to the eye doctor	4	1
Glasses / contacts	1	3
Surgery	1	2
Eat carrots	2	0
Good diet	1	0
Medications	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A60. What do you think the community needs to know about poor vision? *

Response	Male (n=50)	Female (n=25)
How to prevent vision loss	23	6
The importance of taking care of your eyes	13	4
How to treat vision loss	9	1
Causes of poor vision	7	8
It is treatable	0	5
Education	4	0
Importance of a good diet	3	0
Vision is considered a health factor	2	0
Symptoms of vision loss	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A61. Do you know what causes people not to hear well? *

Response	Male (n=56)	Female (n=52)
No	47	35
Yes	2	9
Age	5	3
Loud noises	0	4
Deafness	1	0
Injury	1	0
Wax buildup	1	0
Disease	0	1
Ear infection	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A62. Do you know how poor hearing can be treated?

Response	Male (n=57)	Female (n=52)
No	53	40
Yes	1	8
Hearing aids	0	3
Go to the doctor	1	0
Clean their ears	1	0
Preventive education	1	0
Medication	1	0

Table A63. What do you think the community needs to know about hearing? *

Response	Male (n=36)	Female (n=8)
How to prevent hearing loss	15	2
Education	13	1
How to treat hearing loss	6	3
Causes of hearing loss	5	1
Where to go for help	1	1
Go to specialists	1	0
Risks of hearing loss	1	0
How to prevent diseases that damage hearing	1	0
Free hearing checks	1	0
Symptoms of hearing loss	0	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A64. Do you know what people do when they have trouble remembering things?

Response	Male (n=51)	Female (n=50)
No	48	48
Go to the doctor	3	0
Yes	0	1

Table A65. Do you know what helps someone when they have trouble remembering things?

Response	Male (n=51)	Female (n=50)
No	48	48
Read Qur'an verses	1	0
See a psychiatrist	1	0
Try to memorize	1	0
Look at pictures	0	1
Talk to family members	0	1

Table A66. What do you think the community needs to know about memory? *

Response	Male (n=42)	Female (n=9)
How to prevent	14	3
How to treat memory loss / improve memory	14	0
Education about memory loss	9	3
How to cope with memory loss	5	0
How to help people with memory loss	1	2
Dangers for people with memory loss	1	0
Go to the doctor	1	0

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A67. If you don't understand the directions on the medicine, what do you do? *

Response	Male (n=17)
Ask relatives or Somali friends	9
Ask the pharmacy	4
Ask my children	2
Ask the nurses	2
I don't take them unless I find someone to help me understand	2
Nothing	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A68. Who can you ask for more information on how to take the medicines? *

Response	Male (n=25)
Ask relatives or Somali friends.	11
Ask the pharmacy.	7
Ask the nurses.	4
Ask my children.	2
Ask the doctor.	2
Ask the translator.	1
No one	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A69. What medicines can you buy at the store without a prescription or piece of paper from the doctor when someone in your family is sick? *

Response	Male (n=26)
Pain relievers	20
Laxatives	6
Antacids	5
Nothing	4
Allergy medications	2
Cough medicine	2
I don't buy anything without a prescription.	2

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A70. If you are uncomfortable talking to your doctors about your symptoms, can you tell us why?

Response	Male (n=5)
They do not understand our culture.	3
Because I can't understand what he is saying most of the time.	1
Because I can't express my symptoms but have to use hand signs to tell him what's going on.	1

Table A71. If you are not comfortable asking your doctor to explain about a treatment, what would make it easier to ask?

Response	Male (n=4)
Confidence	1
A translator to ask the questions	1
Someone who speaks my language	1
To have Somali nurses	1

Table A72. If it is difficult for you to travel to the doctor's office, what would make it easier?

Response	Male (n=12)
Transportation	12

Table A73. If no one at your doctor's office speaks your language, how are you able to communicate with your doctor?

Response	Male (n=14)
A friend goes with me to translate.	8
I understand most of what the doctor says, but I point to show him where it hurts.	2
A family member goes with me to translate.	1
I speak English.	1
We communicate using the Arabic language.	1
I don't go to the doctor.	1

Table A74. If you are not comfortable having your children or a stranger translate for you, can you tell me why?

Response	Male (n=10)
I am not confident if a stranger can explain well.	2
I have no confidence in a stranger.	2
I do not trust a stranger.	2
I speak the English and do not need a translator.	1
My children are not qualified to translate.	1
I don't go to the doctor.	1
Privacy	1
They have no experience.	1

Table A75. If you do not trust your doctor, what could your doctor do or say that would help your doctor do or say that would help you trust him (her more?)

Response	Male (n=3)
More time during an appt	1
Have Somali nurses.	1
Have a Somali translator	1

Table A76. What would make getting help easier when someone in your family is sick? *

Response	Male (n=25)
Transportation	12
911 and communications	10
Translators	5
Better accessibility	1
Somali staff	1
A doctor who speaks Somali	1
I go to the ER.	1

* Responses may not equal the number of individuals due to multiple answers by respondents.

Table A77. What do you want doctors and other health care providers to know about the community to help them serve you better? *

Response	Male (n=18)
Understand our culture	15
Understand our religion	11
Have knowledge of African diseases	6
Understand our language	6
Understand our traditions	5
Have Somali translators	2
Better accessibility	1
Home visits by health counselors and doctors	1

* Responses may not equal the number of individuals due to multiple answers by respondents.