

## Somali Health Coalition tackles health in Minnesota Somali community

Written by Andrea Parrott, TC Daily Planet  
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During the measles outbreak in 2011, awareness spread about the importance of receiving both doses of the MMR vaccine. There was a problem, however. A study, now known to be fraudulent, linked the MMR vaccine to autism, causing some parents to refuse immunization for their children. As autism has appeared to rise in the Minnesota Somali community, Somali parents have become among those who avoid the MMR vaccine. That's where the Somali Health Coalition stepped in.

Founded in 2010, the Somali Health Coalition acts as a center for Somali health professionals to share ideas and research as together they discuss health issues affecting the Somali community. Coalition members have a variety of health-related positions, including doctors, nurses, social workers, and public health professionals. They work for the county and for non-profit organizations. Uniting them is the desire to educate others about health issues and to be a health resource for the community and the government.

"We don't have any interest other than helping the community," said Amira Adawe, a founding member of the Somali Health Coalition. She is a health educator at the Saint Paul-Ramsey County Public Health Department and chair of the coalition's health and education sub-committee.

"We are not a nonprofit," said Mahad Abdi, executive director of the Disabled Immigrant Association and chair of the coalition's policy and advocacy sub-committee. He continued, "We're just a coalition that comes together that talks about how important health care is and how to better take it to the Somali community."

There are about 20 coalition members who regularly attend monthly meetings. The electronic mailing list consists of about 50 email addresses and provides a way for those who cannot attend the meetings to read meeting minutes and participate in group discussions. The coalition has grown quickly, said Abdi: "All of a sudden we heard back from the community, saying, 'We want to be a part of it. How do we become a part of it?'"

Adawe added, "And other hospitals or other agencies were contacting us because they mainly serve the Somali community, and so they wanted to partner with us... to help serve them [Somalis] in a culturally appropriate way."

One of the goals of the coalition is to promote greater cultural awareness among health

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providers and state and county health agencies about the Somali culture and the issues that are important to the community. "What Somalis consider as an issue," Abdi said, "might not be an issue in the mainstream. That's where we come in and talk about the differences in culture, bring the two sides together." In many ways, the Somali Health Coalition acts as a bridge connecting the Somali community to health providers, the county, and state. Abdi explained, "The community can tell us that that there's something that they're interested in taking over to the government entities. Likewise, the government entities can come to the Somali Health Coalition if there are issues that they want disseminated to the Somali community."

During the measles outbreak in 2011, the Minnesota Department of Health (MDH) and the Somali Health Coalition partnered together to organize a community education forum to address the importance of the measles vaccine with the Somali community. According to a Star Tribune report, about 50 community members attended the event. Although the forum did not appear to convince parents to have their children immunized, Adawe mentioned that it gave community members an opportunity to ask questions. MinnPost described increasing immunization in the Somali community as an ongoing process.

Coalition members have the benefit of both being a part of the Somali community themselves and holding positions in health care so that they have insight into how to communicate health issues to their community, Adawe explained. She cited skin lightening creams as an example. Through her position as a health educator, Adawe was involved in spreading awareness of the dangers of some skin lightening creams. Forty-one percent of the creams that MDH tested had high mercury levels at up to 33,000 parts per million, far surpassing the FDA regulations of one part per million. Mercury poisoning can result in rashes and damage to the brain and kidneys. It is especially harmful to young children and an unborn child's development. Adawe asked the coalition if they would partner with the health department in educating the community about the creams. "We all partner in doing each project that we're working on," Adawe said, "like the skin lightening... it was so helpful that the coalition step in and help us."

Other goals include improving health outcomes within the Somali community. The coalition wants to be a part of eliminating health disparities through advocacy and participation in research that generates more data for the Somali community. They would also like to see relevant health information distributed to Somali television and radio. Said Adawe, "Health organizations should be partnering with the Somali media. It's culturally appropriate and also language." She said that health information through Somali media would have better reception and impact in the Somali community.

The group would also like to work directly with health providers. "We are planning to do workshops for the healthcare providers," Adawe said, "in terms of cultural competent ways of serving Somali patients. There's the language barrier and other cultural barriers that affects health outcomes as well."

In the future, Abdi said, Somali Health Coalition members would like to organize a type of town hall forum for MDH officials to meet with people in the Somali community, as well as to become involved in the policy-making process at the state legislature. At the bottom of the coalition's plans is the vision of collectively addressing the health issues that affect the Somali community.

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The Somali community, Abdi said, needed "to have a coalition where all of its constituents would have a voice."

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