

# EthnoMed Contribution Pathways Project

By: Christine Wilson Owens and Yetta Levine

Harborview Medical Center, University of Washington



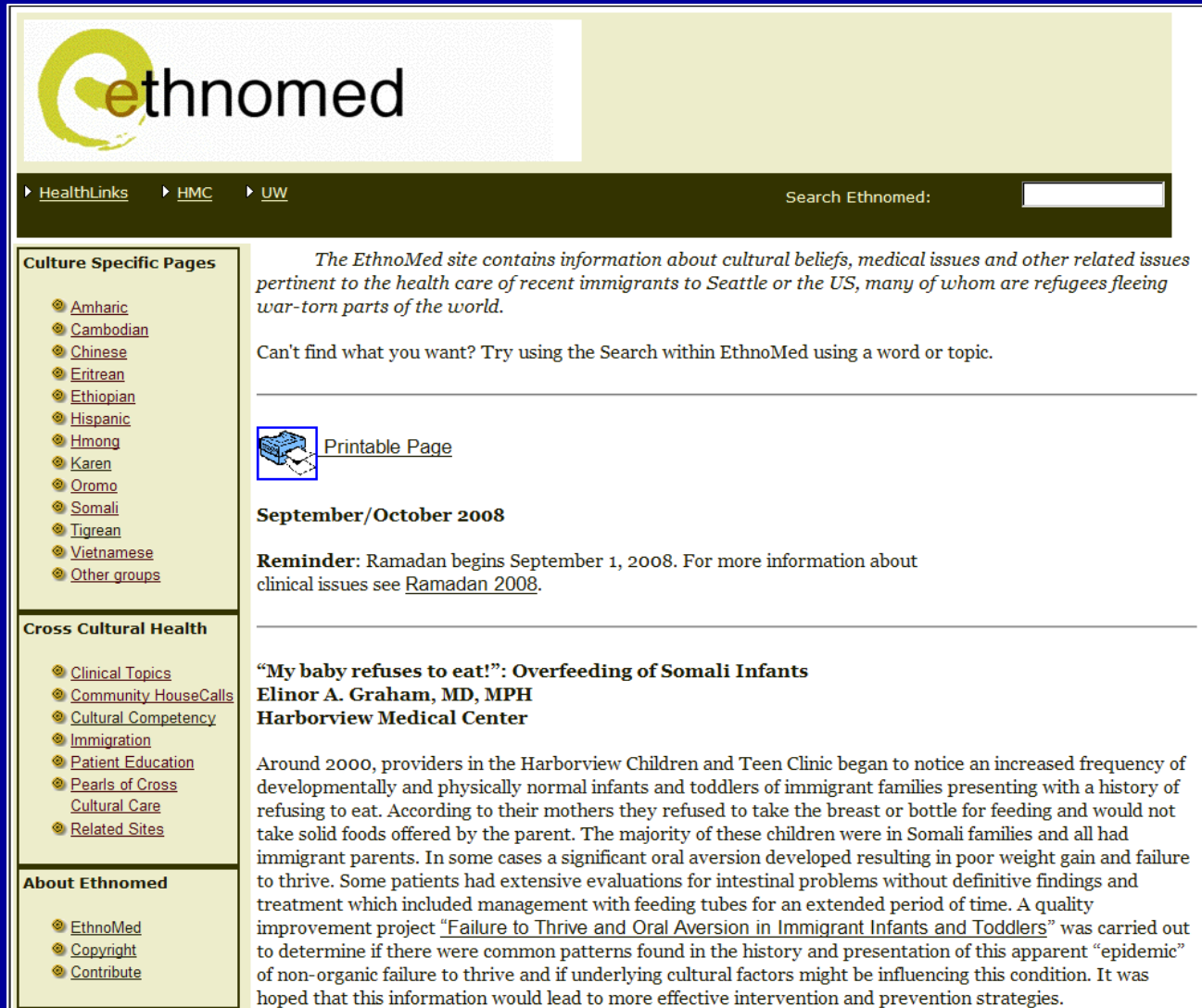
# What is EthnoMed?

<http://ethnomed.org>

A website that contains information about cultural beliefs, medical issues and other topics pertinent to the health care of refugees and immigrants to Seattle or the U.S.



# EthnoMed Homepage



The screenshot shows the EthnoMed homepage with a navigation bar, a search box, and three main content sections: Culture Specific Pages, Cross Cultural Health, and About Ethnomed. The Culture Specific Pages section lists various ethnic groups. The Cross Cultural Health section features a link to a printable page and a reminder about Ramadan. The About Ethnomed section lists links for EthnoMed, Copyright, and Contribute.

**ethnomed**

▸ HealthLinks ▸ HMC ▸ UW

Search Ethnomed:

**Culture Specific Pages**

- Amharic
- Cambodian
- Chinese
- Eritrean
- Ethiopian
- Hispanic
- Hmong
- Karen
- Oromo
- Somali
- Tigrean
- Vietnamese
- Other groups

**Cross Cultural Health**


- Clinical Topics
- Community HouseCalls
- Cultural Competency
- Immigration
- Patient Education
- Pearls of Cross Cultural Care
- Related Sites

**About Ethnomed**

- EthnoMed
- Copyright
- Contribute

*The EthnoMed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants to Seattle or the US, many of whom are refugees fleeing war-torn parts of the world.*

Can't find what you want? Try using the Search within EthnoMed using a word or topic.

 [Printable Page](#)

**September/October 2008**

**Reminder:** Ramadan begins September 1, 2008. For more information about clinical issues see [Ramadan 2008](#).

**“My baby refuses to eat!”: Overfeeding of Somali Infants**  
**Elinor A. Graham, MD, MPH**  
**Harborview Medical Center**

Around 2000, providers in the Harborview Children and Teen Clinic began to notice an increased frequency of developmentally and physically normal infants and toddlers of immigrant families presenting with a history of refusing to eat. According to their mothers they refused to take the breast or bottle for feeding and would not take solid foods offered by the parent. The majority of these children were in Somali families and all had immigrant parents. In some cases a significant oral aversion developed resulting in poor weight gain and failure to thrive. Some patients had extensive evaluations for intestinal problems without definitive findings and treatment which included management with feeding tubes for an extended period of time. A quality improvement project “[Failure to Thrive and Oral Aversion in Immigrant Infants and Toddlers](#)” was carried out to determine if there were common patterns found in the history and presentation of this apparent “epidemic” of non-organic failure to thrive and if underlying cultural factors might be influencing this condition. It was hoped that this information would lead to more effective intervention and prevention strategies.

# EthnoMed Audience

320,000 + visitors/year view the website, comprising a national and international audience of health care providers, communities, educators and students.



**Map view of cities where EthnoMed was accessed August 2007-2008**

The website is:



Produced at Harborview Medical Center, a county hospital & academic medical center;

In partnership with the University of Washington's Health Sciences Library;



Funded by grants.



# EthnoMed's Roots

In 1994, EthnoMed was born of another hospital program, **Community House Calls**, which was successfully bridging cultural and language barriers during medical visits, through interpretation, cultural mediation and advocacy with immigrant patients, families and communities.

The website was created to reflect and support that experience, to make information about culture, language, health, illness and community resources directly accessible to health care providers who see patients from different ethnic groups. The website continues to focus on communities served by House Calls:



*House Calls' Community Advisory Board meeting, April 2007*

*Cambodian, Ethiopian, Hispanic, Oromo, Somali, Tigrean, Vietnamese*

# Content Development

Website content is developed collaboratively with community members and care providers...



...and now, student authors participate as well, through the *Contribution Pathways Project*.

# Pathways Project Goals

- Expand EthnoMed content through student authors' contributions.
- Mine the wealth of talent & enthusiasm of UW students.
- Develop ongoing, collaborative relationships with UW faculty and students.
- Facilitate learning opportunities for students with immigrant communities and healthcare partners.
- Increase cultural competency in students entering health and human services fields.

# Nuts and Bolts

- 2006-2009 Contribution Pathways pilot project
- Includes ½ time program coordinator + incentives for community participation, interpretation and translation
- In-kind clinician participation
- Project is part of a larger grant “EthnoMed Knowledge Management” funded by the National Library of Medicine

# Why Pathways?

**There are 39,251 reasons  
why...**

**There are 39,251 students attending  
the University of Washington Seattle Campus (2005)**



- Pathways facilitates learning opportunities with immigrant communities and healthcare partners
- Pathways increases cultural competency in students entering health and human services fields

# A few more reasons...

- Countless immigrants and refugees live outside their native lands



- Pathways helps to expand EthnoMed content, which can provide valuable information to providers serving them

# Who's involved?

## The EthnoMed Team...

- Medical Director – J. Carey Jackson, MD, MPH
- Program Coordinator – Yetta Levine
- Public Information Specialist – Christine Wilson Owens
- Program Support Supervisor – Ann Marchand
- UW Health Science Library Medical librarians – Ellen Howard, MLS; Amy Harper, MLS



# Harborview Medical Center Staff...

- Physicians
- Nurses
- Interpreters
- Caseworkers/Cultural Mediators
- Nutritionists
- Pharmacists
- Chaplains
- Social Workers



# UW Seattle Campus...

- Carlson Leadership Center and Public Service Center: Service Learning Program
- Students (to date):
  - undergrads in various disciplines
  - RNs getting masters' in nursing and public health
  - grad students in Nutrition, International Studies, Public Health, Social Work
  - medical students; medical residents

# How does Pathways work?

1. Projects are identified
2. Students are matched with projects
3. Project is executed
4. Project is reviewed by members of the culture's local community and by clinicians (clinical articles)
5. Revisions are made based on review
6. Article is published

# Identifying Projects

There are 4 sources for project ideas.

## 1. Harborview Staff, who may:

- learn valuable cultural/clinical information about a cultural group
- identify a need for more cultural information related to a clinical issue

*(l. to r.) Chanthorn Yin, Cambodian leader & nutrition class participant receives certificate of completion; Pathways student, Kris Timme, & Jennifer Huang, Harborview Cambodian Caseworker/Cultural Mediator*



# Identifying Projects

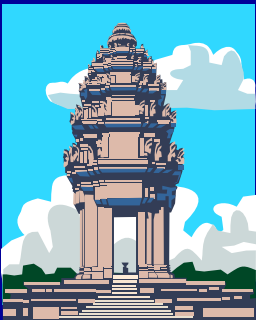
## 2. Students contact us with interest in a particular topic or community.

A. Student already has expertise in the area



**Example:** RN working with Somali women in labor and delivery writes article on perinatal care of Somali women

B. Student is interested in a particular topic but has no experience with the topic



**Example:** Medical student is interested in project about Cambodian culture. She is writing about Cambodian culture bound syndromes.

# Identifying Projects

## 3. Community members approach us

- **Example:** Member of local Burmese community will help write a Burmese Cultural Profile.

**Note:** Successful projects rely on relationships with local community members who inform the content and process.



# Identifying Projects

## 4. Faculty

- ***Example:*** Professor give students assignment to create patient education materials for EthnoMed

# Finding Students

- Promote program to faculty and students via list serves (social work, anthropology, nursing, public health...)
- Post high-priority project opportunities to academic program list serves
- Register with UW's Carlson Center (Service Learning) when there's a good fit with courses offering a service learning option.
- Faculty refer students.
- Word of mouth.



# Sample Projects

<b>PROJECT</b>	<b>COMMUNITY SERVED</b>	<b>STUDENT/PROGRAM</b>
Hyperlipidemia in Somalis: Tools for Providers and Patients	Somali	1 RN/Graduate Nursing
HMC International Medicine Clinic Pharmacy Video for Patients (pharmacy procedures and safe medication handling – in 5 languages)	All	1 RN/ Masters in Public Health
Karen Cultural Profile	Karen	1 Masters in Social Work, 2 BSN Nursing
Medication Non-Adherence	All	1 Undergraduate, anthropology
Somali Perinatal Profile	Somali	1 RN/Graduate Nursing
Ethiopian Herb and Spice Interactions with Conventional Drugs	Ethiopian	1 Undergraduate, microbiology
Cambodian Shop Around	Cambodian	1 Masters in Nutrition

# How projects are done



- Person who suggested topic is interviewed by student; this person may serve as project consultant
- Student performs literature review
- Pathways Program Coordinator arranges informant interviews (clinicians and community members)
- Student summarizes each interview and revises questions as needed
- Student writes 1st draft of article, including info from literature and interviews
- Article is reviewed by clinicians for clinical accuracy and by community members for cultural accuracy/sensitivity
- Revisions are made as needed. Article is reviewed again by clinicians and community prior to publishing

# Project Examples

1. Karen Cultural Profile
2. Somali Hyperlipidemia
3. Medication Compliance

# Karen Cultural Profile



## Karen

### Karen Cultural Profile

Search Ethnomed:

Written by: Amy Neiman, MSW; Eunice Soh, BSN, RN; and Parisa Sutan, RN

Reviewed by: Tao Kwan-Gett and Saw Steve

Contributions by: Seattle Burma Roundtable and Karen community members in Seattle and Minnesota

- ⊗ [Geography](#)
- ⊗ [History and Politics](#)
- ⊗ [Language](#)
- ⊗ [Names, Naming](#)
- ⊗ [Status, Role, Prestige](#)
- ⊗ [Greetings](#)
- ⊗ [Displays of Respect](#)
- ⊗ [General Etiquette](#)
- ⊗ [Marriage, Family, Kinship, Gender](#)

- ⊗ [Reproduction](#)
- ⊗ [Infancy, Childhood and Socialization](#)
- ⊗ [Adolescence, Adulthood and Old Age](#)
- ⊗ [Nutrition and Food](#)
- ⊗ [Drinks, Drugs, and Indulgences](#)

- ⊗ [Religious Beliefs and Practices](#)
- ⊗ [Death](#)
- ⊗ [Traditional Medical Practices](#)
- ⊗ [Experience with Western Medicine](#)
- ⊗ [Community Structure/Resources](#)
- ⊗ [Common Acculturation Issues](#)
- ⊗ [Bibliography](#)

## THAI / BURMA

### Geography

The Karen, pronounced Kah- Ren (emphasis on the second syllable), are indigenous to the Thailand-Burma border region in Southeast Asia and are one of the many ethnic groups in Burma. There are Karen people throughout the country presently known as Burma or Myanmar. The Karen people live in the hilly eastern border region of Myanmar, primarily in Karen State, in Kayah State (Karenni State), southern Shan State (MoBye Region), Ayeyarwady Division (Irrawaddy Division), Southern Kawthoolei (Tenasserim Coastal Region) and in western Thailand. Karen State, “Kaw Thoo Lei”, is a heavily forested, mountainous strip of land that forms a divider between Thai and Burmese people, as well as between the people and the Irrawaddy delta within Burma/Myanmar.

Traditionally, most Karen people are farmers who cultivate “hill rice”. They live in villages that are small clearings in the forest. Houses are made entirely of bamboo and thatch. A nearby stream or river may provide a place for villagers to bathe, do washing, and collect drinking water. Life follows a seasonal pattern of planting and harvesting rice.

Each year in Karen state, usually during the dry season, the Burmese military attacks Karen villages. The military often burns down the entire village, destroying rice stocks and supplies that enable a community to survive. If the residents of these villages are able to escape,

# Somali Hyperlipidemia



back



home

Search Ethnomed:

## HYPERLIPIDEMIA: DIET, EDUCATION, AND HEALTH PROMOTION FOR THE SOMALI REFUGEE POPULATION

**Author:** Keri Schwartz, MN

**Clinical Review:** J. Carey Jackson, MD, MPH, MA & Aliya S. Haq, MS, RD, CD

**Community Review:** Harborview Medical Center Somali Medical Interpreters

**September 2008**

### TOPIC SELECTIONS

- ⊗ [Background/Methods](#)
- ⊗ [Epidemiology/Observations](#)
- ⊗ [Clinical Features](#)
- ⊗ [Treatment and Prevention](#)
- ⊗ [Translation or Language Equivalents](#)
- ⊗ [Somali Dietary Practices](#)
- ⊗ [Food Preparation](#)
- ⊗ [Cultural Knowledge](#)
- ⊗ [Factors Contributing to Chronic Illness](#)
- ⊗ [Tools & Suggestions for Providers](#)
- ⊗ [Patient Education in the Somali Language](#)
- ⊗ [Further Reading](#)
- ⊗ [References](#)

### Background/Methods

Somalia is a long, narrow country that wraps around the Horn of Africa. Many Somalis are nomadic or semi-nomadic herders, fishermen, farmers, and merchants. Many here are business people, merchants, civil servants, and teachers from Mogadishu. These various lifestyles, as well as the climate and geography of the regions of Somalia, influence the dietary patterns and practices of the people. Migration to the U.S. has additional influence on their dietary practices. Interpreters, a caseworker cultural mediator, community leaders, dietitians, and healthcare providers who work with Somali patients were consulted about the dietary patterns of the Somali community in Seattle as well as their knowledge about promoting healthy diet with this population. The underlying goal was to better understand the use of oils and fats in food preparation for patient education related to lowering cholesterol levels. Additionally, these interviews were intended to gain insight about Somali people's health beliefs to help guide providers towards culturally appropriate health education and promotion, and the prevention of hyperlipidemia for this population.

# Medication Compliance



Search Ethnomed:

## Medication Non-Adherence Issues with Refugee and Immigrant Patients

Written by: Katie Avery, August 2007

Reviewed by: Bria Chakofsky-Lewy and Tiffany Erickson, August 2008



*This medication belonged to a single patient and was collected by a nurse and caseworker/cultural mediator during a home visit. Pictured are expired medicines; refilled prescriptions, partially or totally unused, some with increased dosage amounts; prescriptions written for someone other than the patient; and prescriptions from several different providers.*

### Methods

The author discussed the subject of medication use with health care providers who work with immigrant and refugee patients at Harborview Medical Center in Seattle, including [Community House Calls'](#) nurse supervisor and caseworker/cultural mediators (CCMs) for Vietnamese and Somali patients. Information was collected via individual interviews with pharmacists, primary care and psychiatric providers in the International Medicine Clinic and through observations in the clinic pharmacy. The author reviewed and incorporated published literature, and integrated notes of a 2007 House Calls Community Advisory Board meeting where representative leaders of six immigrant communities were present.

*Note:* There is diversity within and among immigrant and refugee communities, representing many different cultures and experiences. This article reflects some of the more common issues related to medication non-adherence as reported by health care providers and community leaders who serve immigrants and refugees from many backgrounds. Effort was made in writing this article to not over-generalize and also to give specific examples where appropriate to help illustrate points. Medication non-adherence issues discussed here may not apply universally to all groups, and may also apply to non-immigrant populations.

### Introduction

Patients don't always follow providers' orders or advice. A patient's treatment may deviate from the prescribed medication and regimen. This is often termed non-compliance or non-adherence. The patient and provider may or may not know when this happens, and there may be any number of contributing factors or explanations. Some patients may be confused about their medication and need clarification, while

Harborview Medical Center/UW - EthnoMed Contribution Pathways Project

# Successes

- ❖ Student interest in program is high
- ❖ Unlimited number of topics possible
- ❖ High ratio of projects begun by students are completed (20:1)
- ❖ Strong relationships form between Harborview providers, UW campus, and students
- ❖ Communities experience continued UW/Harborview support

# Student Feedback

“This project opened up my eyes to the need of this community.”

“It illuminated how refugees (especially Somalis) might perceive how health services are delivered in the U.S.”

“The program made connections to the community and the larger work that was being done in the community.”

“I received mentorship and was able to meet people working in the field. Learning about their professions and experiences helped hone my career path.”

“I could apply academic theory and other parts of my graduate education to my project.”