A message from Medical Director, J. Carey Jackson, MD, MA, MPH:

Harborview is the home of both EthnoMed and the Department of Global Health at the University of Washington. For years we at EthnoMed have tried to identify a way to direct relevant materials to the home countries of many of the immigrant communities we engage with here in Seattle. The materials we develop for an American context are created through collaborations with these communities over years. Not having those relationships abroad, EthnoMed does not have the same depth of connection and accountability, and so our focus remains domestic. That said, we are always delighted by the fact that 25% of our traffic is by international readers in diverse locations such as Addis Ababa, Phnom Penh, Singapore, and Manila. In the past year, 22,000 visits to EthnoMed were from users in Ethiopia, Cambodia and Vietnam.

On occasion we receive inquiries from around the world asking for various kinds of assistance. Earlier this year we received a particularly heartfelt message from Ethiopia, it read:

"we are very suffer by diabetic diagnosis here in Ethiopia this chronic very spread in rural area what is exactly means of this because our rural area this people they are farmers worked strongly and them life to struggle to live they can't full fill food then what is the reason for this diagnostics so please by any means help them and co operated these people as on as possible."

This message highlights the sad fact that the issues of sedentary lifestyle and obesity that are contributing factors for much of the type 2 diabetes in the U.S. including among resettled immigrants, are not always the issues for diabetics in resource poor settings. In this message, the lack of information and resources, including food, is apparent. EthnoMed tries to address this lack of information for refugee and immigrant communities in the U.S., while some of their countrymen at home watch and wonder.

As it happens two of our Advisory Board members are senior investigators in Global Health and one of them immediately forwarded this e-mail to a colleague working on a mutual project in Ethiopia, who then quickly forwarded it to a local physician. In an Internet flash we received this warm response:

"Generally, diabetes care is provided at general outpatient clinics or hospitals. The increase in the number of patients has led to the opening of specialized diabetes clinics at Black Lion Specialized and Yekatit 12 hospitals. Several hospitals in the regions have also started diabetes care as a general outpatient service. The Gondar College of Medical Sciences has an outreach program to rural areas to provide diabetes care and its experiences in this regard can be taken as a national model. The Ethiopian Diabetes Association has also tried to share its part in diabetes prevention, care and treatment."

This was followed by an additional sobering observation:

"Like every other medical problem, I am not surprised if there are complaints about service availability of drugs/supplies in a country with a population of over 80
This intercontinental exchange was completed in hours and in my mind continues to highlight the resource disparities between the digital class and those struggling for basic education. As impressive and important as are the many interventions Global Health has championed to engage preventable infections, there is so much left to do.

The good news is there is a growing cadre of young people anxious to work on this heroic effort, and yet they too have limited resources. We are struck by this when rapid clicks can send messages between continents in minutes, when databases can be shared and analyzed, while many people remain uneducated and untreated. It is in these moments that we at EthnoMed, despite our good intentions, feel equally irrelevant. Digital reality cannot be confused with the reality on the ground. We have the resources to build global networks, but we often seem no closer to feeding or educating the poor.

Fall is here and there are already faint whiffs of Thanksgiving in the air. This is one American holiday immediately recognizable and appreciated by immigrants and refugees as they arrive - a meal with family and friends where we are grateful we are together and not hungry. Join us, in whatever way you see fit, take some piece of your relative riches this Thanksgiving, and redirect them to an effort, any effort, which teaches and feeds.

Best,

Carey

OF INTEREST ON ETHNOMED

Adherence Barriers to Antidepressants among an Urban Female Latino Population

By Jessica Hallerman Price, MD Candidate (2014), George Washington University School of Medicine

Lack of adherence to antidepressant medication has been well documented as a major difficulty in the successful treatment of Major Depressive Disorder. While this has been a challenge across patient populations, it has been especially pronounced among the U.S. Latino population, which shows a rate of non-adherence almost 40% higher than the rate seen in the U.S. Caucasian population. In some studies, the rate of non-adherence ranges between 31% and 44% among Latinos (Lanouette et al., 2009).

A number of studies have focused on identifying risk factors for the low rates of adherence, but few have gone beyond theoretical barriers to incorporate insights from patients and health care professionals about intervention strategies. The author of this article interviewed patients, care providers, and other health care staff about this topic at a community health center in Seattle, WA to gain insight into the possible causes of decreased adherence to antidepressant medications among the urban Latino population in Seattle, WA, as well as to explore resource and intervention strategies to address those barriers.

READ MORE>>

Multimedia Patient Education Highlight: Cancer

EthnoMed and Healthy Roads Media, in collaboration with the Community House Calls Program at Harborview and its community partners, produced a series of handouts and Flash video slideshows in seven languages (Amharic, English, Khmer, Somali, Spanish, Tigrinya and Vietnamese) that provide introductory information about several topics: biopsy procedures, cancer chemotherapy, prostate cancer and surgeries for breast cancer.

Biopsy | Cancer Chemotherapy | Prostate Cancer | Surgeries for Breast Cancer

Cancer education was identified by the Community House Calls staff as a major area of need for EthnoMed content development. The program's Caseworker / Cultural Mediators (CCMs) served as advisors and narrators, community members provided linguistic/cultural input, and health care
providers gave clinical input to develop the new education materials. The project also supports CCMs in utilizing iPads for delivering health education to patients and community groups.

The new materials are available for web viewing via both the EthnoMed and Healthy Roads Media websites. Healthy Roads Media is also hosting mobile video formats and an online survey to gather feedback for assessing the utility of these materials.

This project was funded in whole or in part with Federal funds from the Department of Health and Human Services, National Institutes of Health, National Library of Medicine, under Contract No. HHS-N-276-2011-0008-C with the University of Washington. A special thank you to Safeway Foundation for its support to Harborview Medical Center’s EthnoMed for the development of cancer-related content.

Skin-Lightening Practices and Mercury Exposure in the Somali Community

EthnoMed links to this article by Amira Adawe and Charles Oberg which appears in the July 2013 edition of Minnesota Medicine. The article describes an investigation that involved interviewing Somali women about skin-lightening practices and the products they use and then testing those products for mercury. Eleven of the 27 product samples (47%) were found to contain mercury. Some exceeded the current FDA threshold of 1 part per million. This has prompted both state and federal health officials to issue warnings about the use of these products. The article presents a table with specific product names and their corresponding mercury levels.

Similar concern about these products has been documented in the Seattle-area, in particular a case of toxicity exposure among a mother and her breastfed child. Public Health - Seattle & King County is working on an action plan including outreach to stores that sell products and dissemination of community education.

CALENDAR ITEMS OF INTEREST

Eid al-Adha: October 15-18, 2013 (estimated)

Eid al-Adha, or the Feast of Sacrifice, is an Islamic holiday commemorating the prophet Abraham’s willingness to obey Allah by sacrificing his son. Eid al-Adha is a fasting period that lasts for three days, occurring at the conclusion of the annual Hajj, or pilgrimage to Mecca. Muslims all over the world celebrate, not simply those undertaking the hajj, which for most Muslims is a once-a-lifetime occurrence.

Ashura: November 14, 2013 (estimated)

The Day of Ashura (عاشوراء) (‘Āshūrā’, Ashura, Ashoura, and other spellings) is on the 10th day of Muharram in the Islamic calendar. Several narrations point to the significance of this day from the earliest of times. Commemoration of this day includes fasting.

Advent (Ethiopian Orthodox): November 24, 2013 - January 6, 2014

Also known as Feast of the Prophets (Tsome Neviyat), Advent (Sibket in Amharic) is a time for spiritual preparation for the celebration of Christmas during which a 40-day fast is observed. Fasting during Sibket can include skipping breakfast and not eating anything until 12:00 noon or 3:00PM, and eating only vegan foods when meals are consumed.

ABOUT ETHNOMED

EthnoMed was founded in 1994 and is a joint program of the University of Washington Health Sciences Library and Harborview Medical Center in Seattle, Washington. EthnoMed grew out 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. In recent years, our content has expanded to reflect many new communities that have settled in the Seattle area.

EthnoMed aims to address disparities in care through enhancing understanding between the medical culture and the culture of the patient. The program is grounded in relationships established with local ethnic communities and the providers who care for them. Our contributors come from a wide range of disciplines and experiences and include nurses, physicians, nutritionists, psychologists, academic faculty, medical interpreters, librarians, community members, and students. Health care providers and community members review content for clinical accuracy and cultural relevance.

We invite you to share your knowledge and educational materials with the EthnoMed audience. Consider being a content contributor, collaborator or reviewer. Contact Us.

We hope that every newsletter edition (approximately 6 a year) will lead you to something helpful to your work. Please help us spread the word by forwarding this newsletter to a colleague or two, using the button below. Thank you!

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FIFTH EDITION
This is the fifth edition of the EthnoMed newsletter. Click here to view previous editions. http://ethnomed.org/about#section-12

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