

# Developing Health Education for Community Health Workers and Refugees in Cleveland

Anusha Mudigonda  
Case Western Reserve University

## Background

With the goal of learning how to create and present health education materials for multicultural populations, my practicum was completed through Partnership for Good Health (PGH). PGH is a local nonprofit organization which empowers a workforce of community health workers to assist asylum seekers in Cleveland to overcome the linguistic and cultural barriers that often impede refugee healthcare.

## Population

The term refugees encompasses those who have been forced to flee their country due to factors like persecution, war or violence (UN Refugee Agency). Coming from high-stress environments and living in limited resource settings, such as refugee camps, refugees often experience larger acute and chronic disease burden upon resettlement (Morris et al., 2009). Language and communications present in multiple levels of interaction with healthcare systems - schedulers may not speak the same language, difficulty filling out paperwork, lacking a signature, writing their own names. Additionally, during the appointment, there may be many misinterpretations and miscommunications.

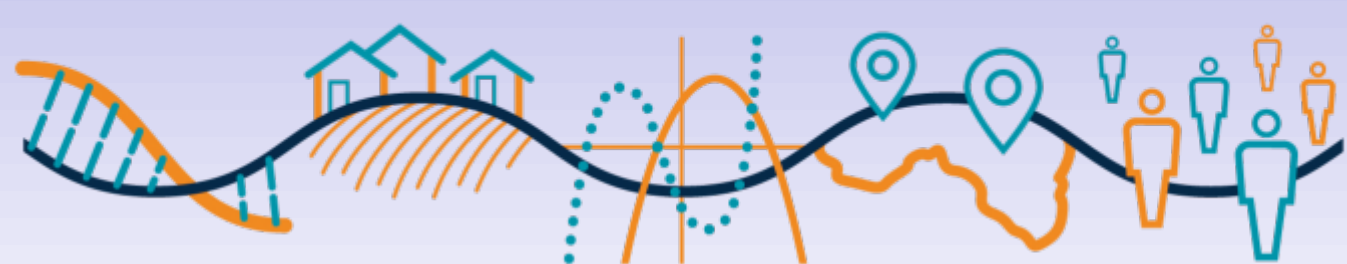
By assisting and overseeing the scheduling of appointments and providing transportation, they can enable maintained wellness through continuous interaction. Community health workers can understand cultural beliefs and provide relevant explanations, improving health literacy in a familiar mode.

At the time of my practicum, Partnership for Good Health employed 6 community health workers who worked with the following linguistic populations:

- Pashto (Afghanistan)
- Dari (Afghanistan)
- Nepali (Bhutan/Nepal)
- Arabic
- Swahili
- Kibembe (Democratic Republic of the Congo)

## Learning Objectives

1. Cultural barriers to healthcare among refugee populations
2. Duties of community health workers in Cleveland and the dynamic experiences of local asylum seekers
3. Linguistic, cultural, and socioeconomic issues faced by local refugee populations



DEPARTMENT OF POPULATION AND  
QUANTITATIVE HEALTH SCIENCES



SCHOOL OF MEDICINE  
CASE WESTERN RESERVE  
UNIVERSITY



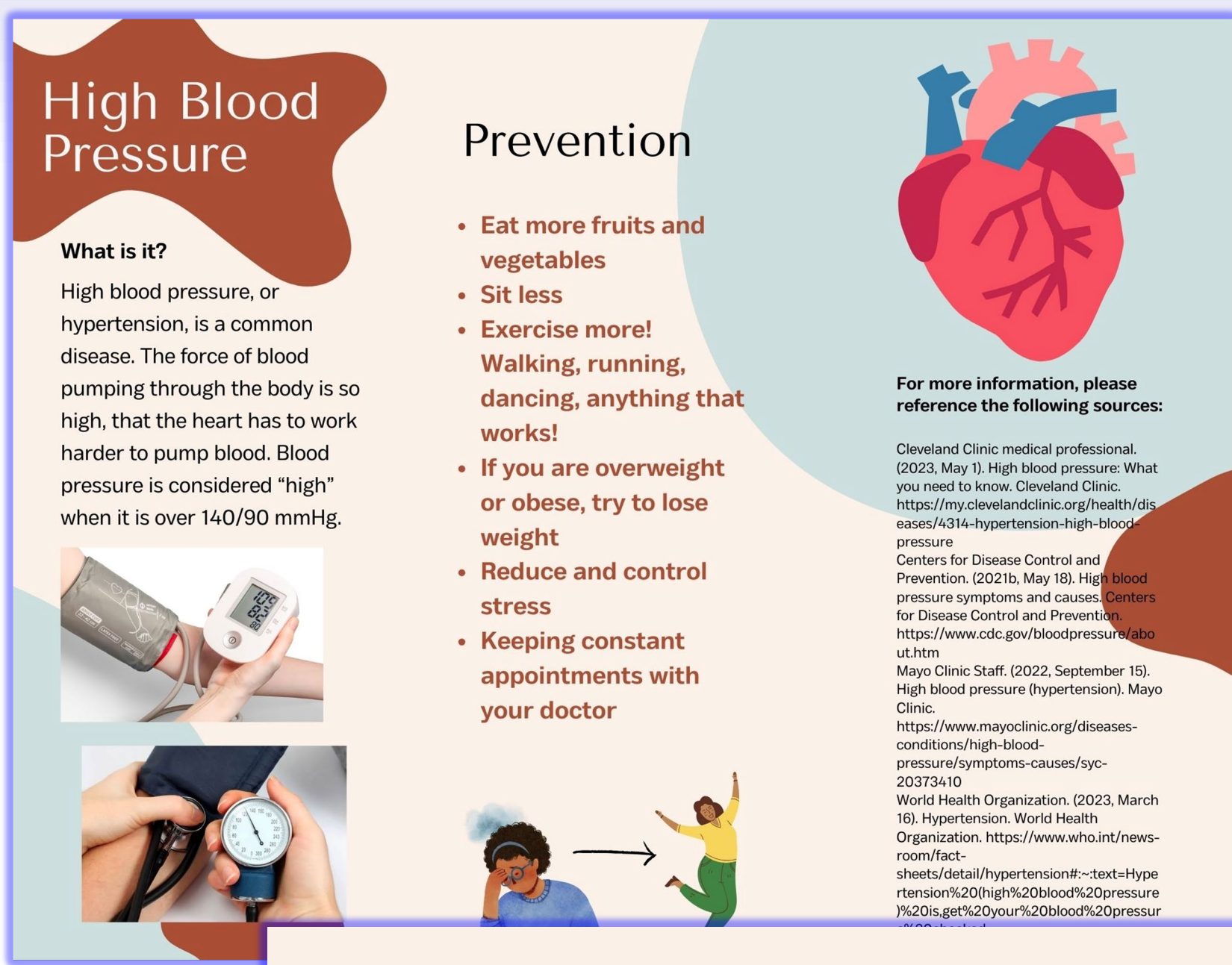
Partnership for Good Health

## Activities

During my practicum, I completed research remotely on major issues in healthcare for refugee populations. This information was used to construct the education modules presented at each monthly staff meeting. I interviewed each community healthcare worker individually to understand more about their role and backgrounds. I also met weekly with Sara Doran RN, CDE, to discuss my objectives and other ways I could assist Partnership for Good Health.

- One-on-One Interviews with each member of staff, including every community health worker
- Presentation on Preventive Care
- Presentation on Mental Health
- Presentation on Hypertension
- Presentation on Breast Cancer Screening
- Attendance of all monthly staff meetings since June
- Interviewed Dr. Prakash Ganesh, a Neighborhood Family Practice Physician, to learn about pertinent issues in refugee healthcare that should be addressed in health education
- Development of a Breast Cancer Screening Questionnaire
- Developing a Hypertension Pamphlet

## Deliverables



What does high BP feel like?



Most of the time, high blood pressure has no symptoms. It is known as the "silent killer". Really high blood pressure can make you have headaches, blurry vision, chest pain, dizziness, nosebleeds, nausea, and many other issues. If you start feeling these symptoms and have high blood pressure, go to the ER immediately.

What can happen if I don't control my blood pressure?

Uncontrolled High Blood Pressure can cause:
Heart attack
Stroke
Heart Failure
Kidney Problems
Eye Problems
Digesting Problems
Difficulty Thinking/Remembering
Dementia

Go to the hospital if you have high blood pressure and also :

1. Shortness of breath
2. Headache
3. Dizziness
4. Nosebleeds
5. Blurry Vision
6. Fluttering or Pounding Heart
7. Chest Pain
8. Vomiting
9. Anxiety

High Blood Pressure is extremely common - almost 50% of adults in the US have this condition. Many people can control their high blood pressure by changing their lifestyle - eating better, relaxing, and exercising more.

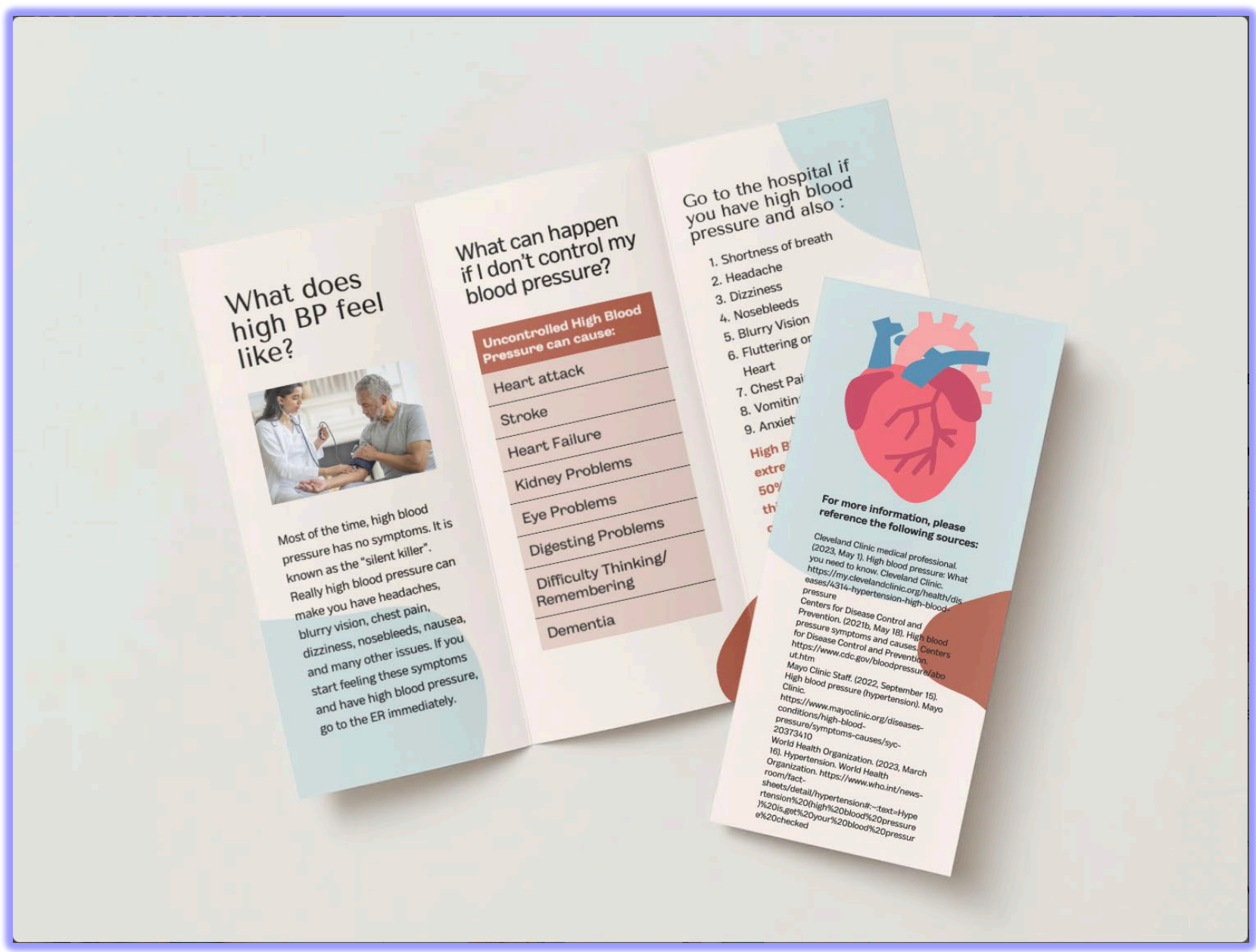


Figure 1—Hypertension Pamphlet: Pamphlet on high blood pressure, or hypertension, to be given to clients who were recently diagnosed or may be diagnosed with the disease. Simple, but carefully selected information, was provided. These pamphlets will be translated into various languages by the community health workers.

## Public Health Implications

For the client population of Partnership for Good Health, it is important that the community health workers who assist them, who are often members of the refugee community themselves, are educated with proper information on basic healthcare issues so they can provide accurate and reliable information. PGH's work is an incredible and essential resource for refugee populations in Cleveland.

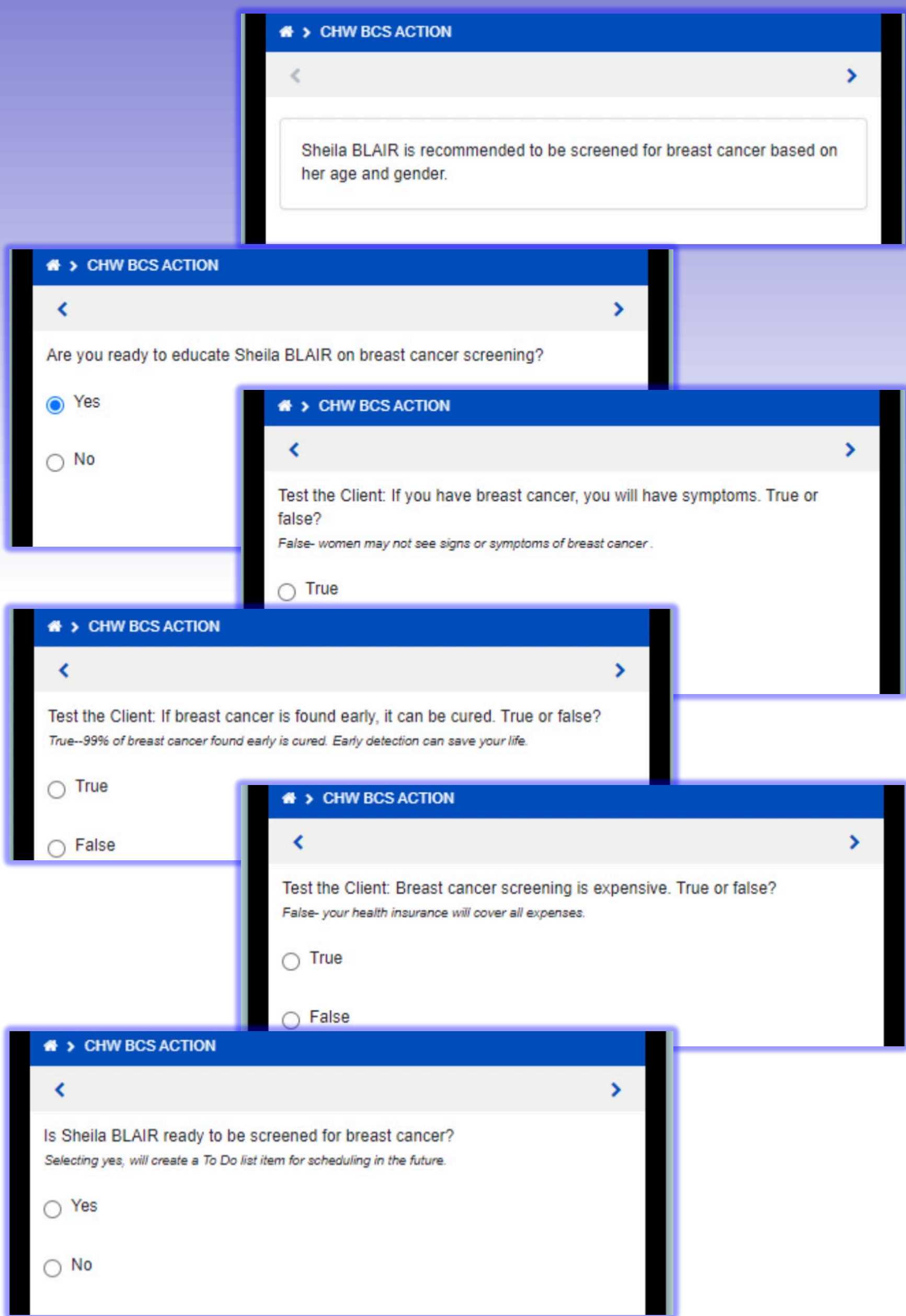


Figure 2—Breast Cancer Module: On the CommCare app used by community health workers to provide and record data for their clients, a breast cancer screening module was added. This module will begin only if the client is eligible for screening and proceed with a script consisting of basic information about breast cancer. Then, the community health worker will ask the client some questions to ensure that the client is adequately informed to schedule their screening appointment.

## Lessons Learned

Through this practicum experience, I was able to utilize my vivid interest in anthropology and global health towards assisting an organization doing so much to further the health outcomes of refugee populations. Being able to ask questions about cultural outlooks and linguistic varieties while answering questions on various diseases created a beautiful learning environment during every staff meeting. These community health workers preserve the hope that refugees have in the healthcare systems of their resettled countries by reconciling the differences between the two. Their work is so incredibly important to battle the mental and physiological effects of immigration, migration, and those who have been forced to leave their homes.

## Acknowledgements

I would like to acknowledge Sara Kelly Doran RN, CDE for her constant guidance and all the community health workers at PGH - Dhan, Nikisha, Zaki, Feza, Samir, and Suraia - for being so welcoming and accepting me into their workplace. I would also like to thank Nagina Zar Alam for her assistance in developing some of the educational presentations for the staff meetings. Finally, my sincerest gratitude goes to Andrew Morris, MPH, for helping me find this amazing organization and answering all of my queries while completing my practicum work.