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Program Planning, Implementation, and Evaluation

Project Part #1: Needs Assessment

The target population for my program is the Somali-American population in the Columbus metropolitan area.

There were two primary waves in which Somali's came to the United States. The first wave occurred in the early 1990's, when Somalians fled their country to escape a civil war. The second wave occurred in the late 2000's, when civil war broke out again in 2009. Word spread amongst Somali refugee communities across the nation that Columbus was a reasonably-priced city with a growing job market, abundant housing, and a culture tolerant of their religious and cultural practices. Consequently, many Somalians found their home in Columbus, Ohio, and the city soon became home to the second-largest Somali population in the United States. Unfortunately, as many of the Somalian population in Columbus came to the U.S. as refugees, they oftentimes brought very little money. Moreover, in addition to the economic problems many Somalis in Columbus face, they often have to face social challenges like racism, cultural differences, language barriers, and Islamophobia. Compound these issues on top of the mental scarring many first-generation Somali-American refugees have experienced due to the violence they witnessed in Somalia, and it is easy to understand why the Somali population in Columbus may be struggling. I want to conduct a needs assessment with this particular population as they face many challenges that other populations within the city do not face, many of which could contribute to adverse health outcomes/conditions. Through conducting this needs assessment, I hope to identify and prioritize areas where improvement can be made within the Somali community, with the ultimate goal being to improve the health and wellbeing of the population.

Planning Commitee List:

- Representative from the organization SomaliCAN
    - This organization's goal is to facilitate the social, political, and economic integration of Somalians in Ohio. This organization would be one of the primary doers or influencers, as they have a track record of successfully helping Somali's integrate into Ohio's social, economic, and political institutions. Moreover, this organization has a vested interest in this needs assessment, as it intends to identify a health problem within the Somali community in Columbus.
- Prominent member of the Somali community
    - May be affected, or knows somebody within the community that is affected by a health issue prominent within the community. Additionally, will have firsthand account of problems members in the community may face, giving planning committee insight into how to conduct the needs assessment.
- Faith leader of a local mosque
    - Many Somalians are heavily religious, with 99.8% practicing Islam. Consequently, faith leaders are incredibly influential within the community, thus a prominent faith leader would constitute as one of the doers/influencers we need on the committee.
- Columbus City Council Member and/or Representative
    - Members of the Columbus City Council carry a lot of political and economic power within the city. Therefore, it would be beneficial to have a member present on the needs assessment for the potential of acquiring future funding/political support.
- Somali Community Association of Ohio (SCAO) representative

- Non-profit organization dedicated to serving the Somali community through a variety of programs designed to improve the lives of Somali-Americans. A representative of this organization would have an interest in identifying and addressing a health issue within the Somali-American population in Columbus.

Secondary Data:

Preface: there is no widely available quantitative data exploring the health of Somali-Americans in the Columbus metropolitan area. Therefore, the secondary data obtained from organizations based in Columbus is strictly qualitative, and mostly comes as a result of interviews from prominent community members/organization leaders. The quantitative data for this section has been resourced from the Minnesota Department of Health.

My first source of secondary data comes from an interview with Jibril Mohamed, the executive director of SomaliCAN. In this interview, Mohamed asserts that the most pressing health problem facing the Somali-American population in Columbus is the increased occurrence of chronic disease[1]. He attributes this to increased time driving and improper food access (increased intake of fast food, excessive eating, etc.)[1]. He also mentions the lack of community outreach and communication from Columbus and Franklin County Metro Parks about their green space/parks, thus many members of the Somali-American community do not know about many of these areas in which they can be physically active[1]. I chose this source because Mr. Mohamed is heavily involved within the Columbus Somali-American population, as both a community member and someone that serves his community, therefore I think his input regarding the troubles facing the community is likely true, seeing as his job is to work with members of this community every day. This interview informs me that physical inactivity and food eating habits are potential health risks within the Somali-American community in Columbus.

My second source of secondary data gives me the prevalence rate of chronic disease within Somali-American refugees in Minnesota. The prevalence rate of individuals with one chronic noncommunicable disease was found to be 51.1%, whereas 9.5% of members within this particular population had 3 or more chronic noncommunicable diseases[2]. Moreover, members of this population had a higher prevalence of cardiovascular risk factors such as diabetes mellitus (12.1% vs. 5.3%) and prediabetes (21.3% vs. 17.2%) than their non-Somali counterparts[2]. Although this data comes from a different state, therefore it will not be incredibly beneficial in accurately assessing the prevalence rate of chronic disease among Somali-Americans in Columbus, this data does align with the sentiment expressed in Mr. Mohameds interview. Consequently, when corroborating Mr. Mohameds interview with this source, I can determine that we need additional data regarding health risk behaviors associated with chronic disease for my chosen population. This source pinpointed an area of concern within a similar population in a different state, and that helped me to narrow down my area of interest regarding health behavior for my chosen population.

Primary Data:

Additional Data Needs:

- What % of the Somali-American population in the Columbus metropolitan area have performed 2 and a half hours of moderate-intensity aerobic exercise (biking, brisk walking, etc.) each week for the past month?
- What % of the Somali-American population in the Columbus metropolitan area have utilized one of their local parks/green spaces within the last month?
- How often do members of the Somali-American population in the Columbus metropolitan area consume fast food?

Data Collection Methods:

- Survey
    - I will be distributing a survey asking questions that will help me obtain the answers to the questions above. The questions will be written in a way that the answers will be a simple close-ended response, either yes or no, as this will increase the response rate. I want to utilize this method as I can distribute this data to large groups, thus giving me a better chance of obtaining a sample size of surveys that is representative of the entire population of Somali-Americans in the Columbus metropolitan area. This method is how I will obtain my primary quantitative data, and assuming I get a large enough sample size, this data will help me fulfil my additional data needs, as I can calculate exact percentages based off of the answers given.
- Focus groups
    - I will conduct a focus group consisting of 6-8 members of the Somali-American community in the Columbus metropolitan area. In this group, I will ask a series of open-ended questions, intending to get open-ended answers that give me qualitative data on the health behaviors of members of this particular community. My questions will be primarily related to physical activity and eating habits, and through the participants answers, I hope to gain a better understanding of just how prevalent or absent these behaviors are within the community at-large. Moreover, due to the in-person nature of this method, I can personalize my questions as I see fit to get more qualitative data if I think it is necessary to properly identify the problems impacting the community. I will use this data collection method as it offers me versatility, in that I can alter the questions as the conversation shifts and

progresses. Additionally, I can obtain unique, in-depth information I would otherwise not be able to get using a data collection method like a survey.

References

[1] Mohamed, J. (personal communication, April 8, 2021).

[2] Somali Refugee Health Profile - MN Dept. of Health