Assessment of providers’ nutrition education counseling in refugee communities

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Introduction

• Negative impacts of poor nutrition
  • exacerbates chronic diseases, negatively impacts cost of care, and diminishes community health

• Refugee communities in U.S are at higher risk for chronic diseases and physical inactivity than the general population
  • Refugee is “a person who is unable or unwilling to return to his or her country of nationality because of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion” (1)
Background

• Since 2000, more than 500,000 refugees have resettled in the U.S with an expected increasing number of immigration in the future (2)

• Refugees are at risk for poor nutrition due to unfamiliarity with food choices in the U.S
  • Sedentary lifestyles and continuation of past habits

• Refugees in the U.S receive initial health assessments, which seldom includes nutrition counseling (3)

• Providers may be faced with nutrition education barriers
  • Inadequate resources of counseling, lack cultural competency training
Methodology

• Provider survey
  • One page of questions based on provider’s sources, delivery, barriers, and strategies of nutrition education counseling in the refugee community
    • 1-5 Likert scale format from “strongly agree” to “disagree strongly and free response options (4)

• Survey administered during the 4th annual North American Refugee Health Conference (NARHC)
  • NARHC attracts providers across the country, Canada, and internationally
  • Survey given to attendees of NARHC over a 3 day period (Thursday to Saturday) in Rochester, NY
## Results

### List of refugee community served

<table>
<thead>
<tr>
<th>South Asian (24)</th>
<th>Sub-Saharan African (19)</th>
<th>Middle Eastern (12)</th>
<th>South-East Asian (7)</th>
<th>Other (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutanese (12)</td>
<td>Somalian (8)</td>
<td>Iraqi (8)</td>
<td>Burmese (6)</td>
<td>Cuban (1)</td>
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<tr>
<td>Nepali (8)</td>
<td>Sudanese (3)</td>
<td>Afghan (3)</td>
<td>Cambodian (1)</td>
<td>Chinese (1)</td>
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<td>Karen (3)</td>
<td>Congolese (3)</td>
<td>Yemen (1)</td>
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<td>Bangladeshi (1)</td>
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<td>Angolian (1)</td>
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<td>Djiboutian (1)</td>
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### Delivery of nutrition counseling

- **Verbal interpretation services to deliver nutrition counseling used with 92% frequency**
Results

Lack of time is major barrier (86% frequency) of nutrition education

Printed material in pt language (86%) and 1-to-2-day seminar (81%) major strategies of nutrition education
Discussion

• Predominance of ethnic groups could be dependent on the location of providers
  • Some cities receive a specific refugee group through resettlement agencies

• Questions raised:
  • What forms of nutrition education materials do providers have access to in order to educate refugee communities?

• Further research possibilities:
  • Survey administered to refugee patients about nutrition education counseling rather than physicians

• Possible tangible results of findings
  • Providers consider an effective approach to nutrition counseling among refugees
  • Providers offered recommendations that work for them
Recommendations

• To eliminate time and interpretation barriers:
  • Home demonstration video done by the refugees themselves in the patient’s native language about nutrition
  • Community workshop referred to by providers
  • DVD made in collaboration with local college students about nutrition education in refugee communities

• Separate intervention program is needed or physicians can develop a brief universal method
  • visual aids to be taken home by patients
Conclusion

• Proper nutrition education is important for healthier eating habits and better health; food can serve as medicine

• Providers who work with refugees serve a unique role to educate patients about the importance of nutrition education

• A more collaborative effort between providers, refugee communities, health advocates, and the government can reduce the consequences of improper nutrition faced in the refugee community
Acknowledgements

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