



Project Report 2020 – 2021

Community – Based Participatory Research Project: Baking Connections and Challenges for Women from Refugee Communities



UC San Diego
SCHOOL OF MEDICINE

**Center for
Community Health**

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PURPOSE

Outcome evaluation will test the project theory of change, which is – If East African women who are isolated and dealing with individual and family stressors have access to a positive and culturally affirming activity and opportunities to share and learn with peers, they will have reduced risk for adverse behavioral health outcomes and increased sense of connectedness, self-awareness and self-efficacy. This pilot will show what methods are useful for working toward the theory of change to inform the design of future iterations of the project.



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EXECUTIVE SUMMARY

Process and Method:

Step 1: UWEAST will recruit 16 women who will have the option of including one or two daughters (12 or older) - (See challenges section pg. 15). Two Baking Connections Support Groups will be created – one that will meet online and one that will meet in person. Total number of families = 16, total number of participants approximately 25 (16 women plus 9 daughters).

Participants will be identified by UWEAST staff from a pool of 24 based on the question *“Who do we think would benefit from this project?”* Once the pool has been created 16 names will be drawn, randomly assigned to either the onsite or online group and then invited to participate (via targeted outreach with a flyer outlining project benefits and commitments). If any of the initial cohort of invites declines (or requests to be invited at a later date) then names will be drawn from the remaining pool until each group has 8 women signed up. We will track reasons for declining (i.e. not wanting to do an online group, concerns about safety etc.)

Step 2: UWEAST will facilitate two online planning meetings to work out logistics with participants. Questions will include:

- a. What day/time is best?
- b. What are some of the things you would like to cook or bake?
- c. What are some of the topics you would be interested in discussing?

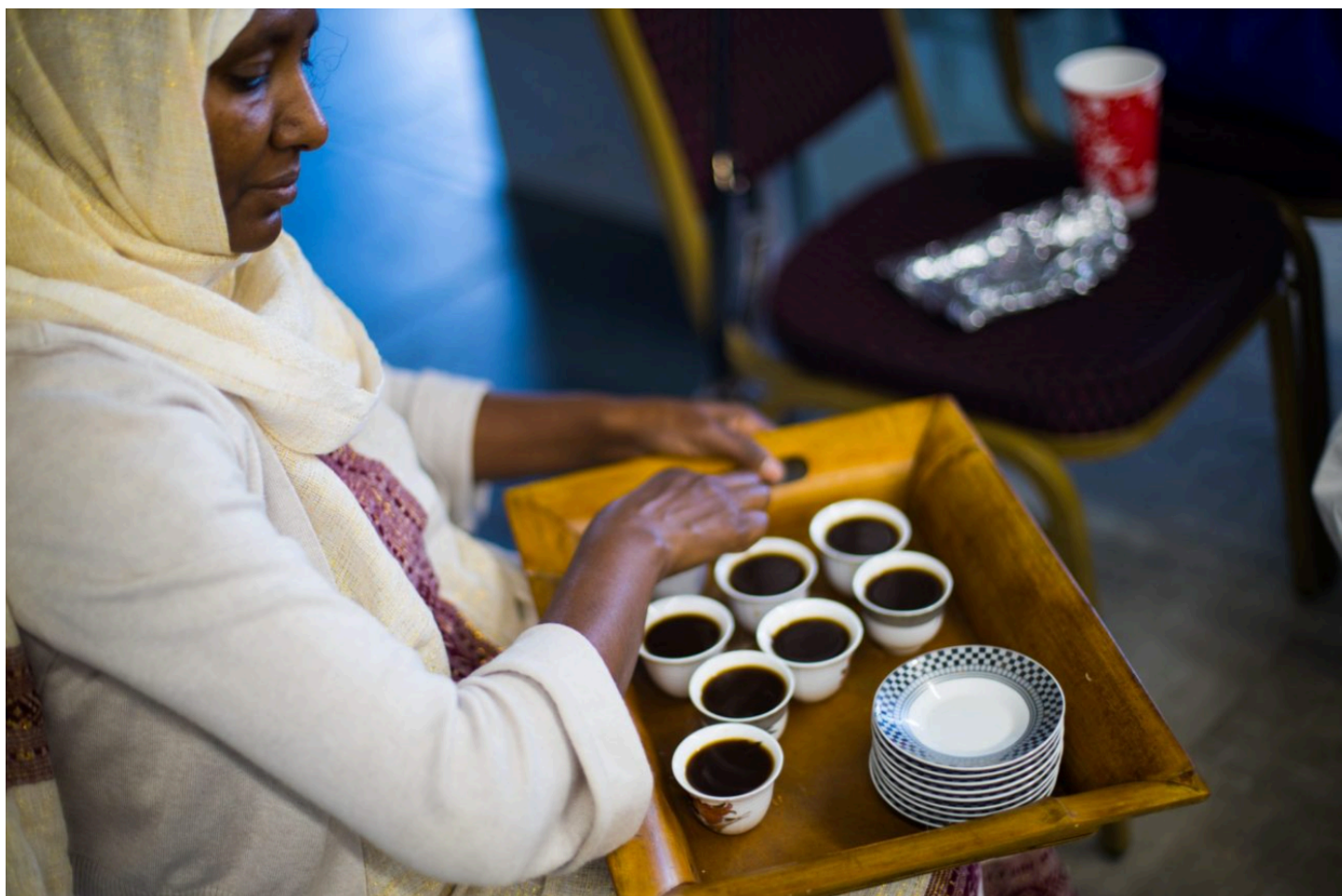
Step 3: UWEAST will coordinate two x 10-week groups, one on site at UWEAST and one online. Each participant will also meet with the Project Coordinator individually three times for in person coaching/check in/follow-up.

Step 4: At the end of the program there will be a celebration with the women, i.e. a trip to the beach, they can decide on an activity during their cooking sessions.

Evaluation:

Components and Activities to be examined (with some of the assumptions in parentheses)

1. Cooking (will be a positive aspect of the project)
2. Group facilitation/peer support (onsite will be better)
3. Social distancing protocols (think they will work)
4. Follow-up sessions (beneficial for follow-up and to provide resources)
5. Group composition (intergenerational may inhibit dialogue)
6. Evaluation tools (measuring somatic symptoms is more culturally sensitive, not triggering)
7. Childcare (without it we wouldn't get participation)
8. Transportation (needed for the onsite group)
9. Use of technology (will be a barrier)



OUTCOME EVALUATION

Outcome evaluation will test the project theory of change.

Methods:

1. Somali speaking female health professional to administer the Becks Anxiety Inventory and The Somatic Symptom Scale–8 (SSS-8) A Brief Measure of Somatic Symptom Burden. (combined less than 20 minutes) before and after the intervention. (not completed, see challenges section pg. 15)
2. Somali speaking female health professional will facilitate focus groups with each group of participants at the end of the project.

Process evaluation:

The Program Coordinator will collect data on the following outputs:

- Number of unduplicated participants in groups and their ages
- Number of group sessions coordinated
- Attendance at each group
- Conversation topics discussed during group
- Number, names, affiliations of guest speakers
- Number of participants who receive individual support and for what problems
- Actual costs versus expected costs



BACKGROUND

According to the United Nations High Commissioner for Refugee Global Trends report in 2019, on average, there are 2.7 refugees per 1000 national population in high-income countries, where girls and women attributed to 48% of the refugee population. Evidence shows a high prevalence of mental health disorders among women refugees in comparison to the general population.

Mental wellness for refugee women goes beyond mental health. It is about ensuring that women and girls:

- Are given the proper education and preparation with the skills to effectively manage mental health.
- Understand how to handle stress and make healthier choices.
- Have access to mental health and wellness resources.
- Build their social network and are able to access community support.

When refugee women are able to understand and maneuver mental health, they are able to gain control within themselves, increase work productivity, build good relationships, create meaningful contributions to their community, and be able to cope with stresses in their lives.



Why does mental health matter?

Mental health is important because it can:

- Affect your physical health, especially depression, and increase the risk of many health issues like stroke, type 2 diabetes, and heart disease (CDC, 2021).
- It can play a significant role in a person's ability to maintain good physical health or participate in health-promoting behaviors.
- Affect a person's contribution to their community and the capability of building strong relationships.

What can affect your mental health?

There are many different factors, including:

- Biological factors, such as genes or brain chemistry
- Life experiences such as trauma and displacements
- Family history of mental health issues
- Your lifestyles, such as diet and substance use

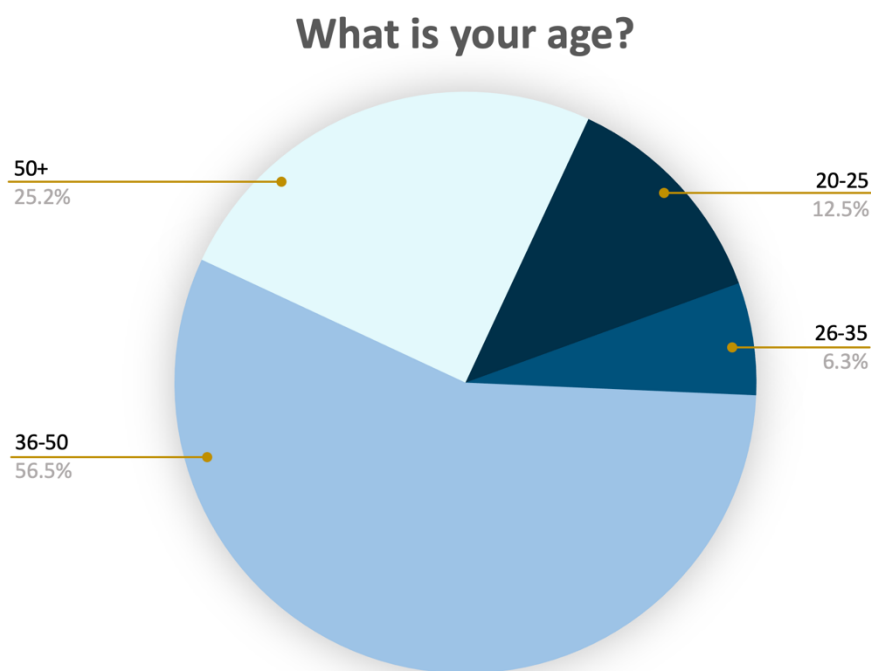
What are some misconceptions about mental health in the Muslim Community?

- Mental health can be a taboo subject within the Muslim community which could eventually lead to embarrassment and fear to seek assistance.
- The myth that mental health is associated with being “non-religious”.
- Some members believe that mental health issues can be a test of God and therefore not be addressed or tampered with.

PROCESS AND FINDINGS

The below questions served as a guide to the conversation with interview participants. They are asked about their own personal experiences as well as their perception of their communities. The interview's primary purpose was to understand common opportunities and challenges that women in these communities' face and get a sense of how they are perceived and addressed. They also provide insight into each of the interview participants' goals, their situations during the COVID-19 pandemic, and what feedback they have for us regarding the resources that they would like to see to help them achieve their goals and address challenges.

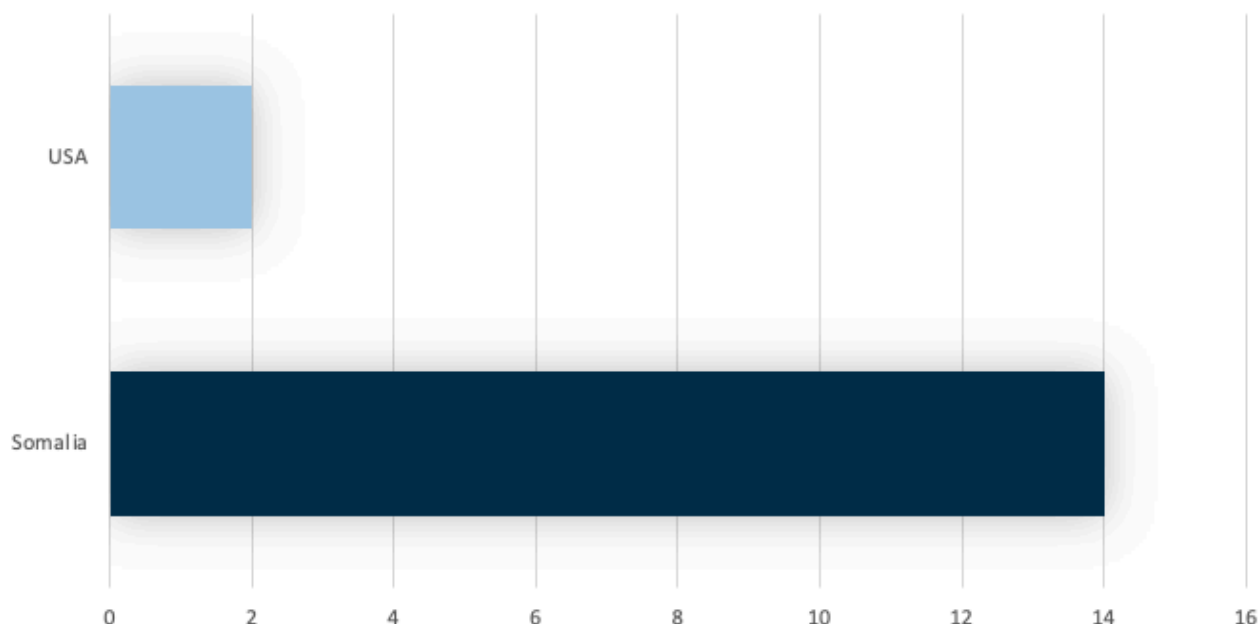
Demographics:



The graph above demonstrates the age distribution of participants. A majority of women (56.5%) are between the ages of 36 and 50. The smallest age group is between 26 and 35. Although we had planned to include some daughters age 12 or older, many of the women recruited did not have girls this age. In addition, girls of this age would have been in school.

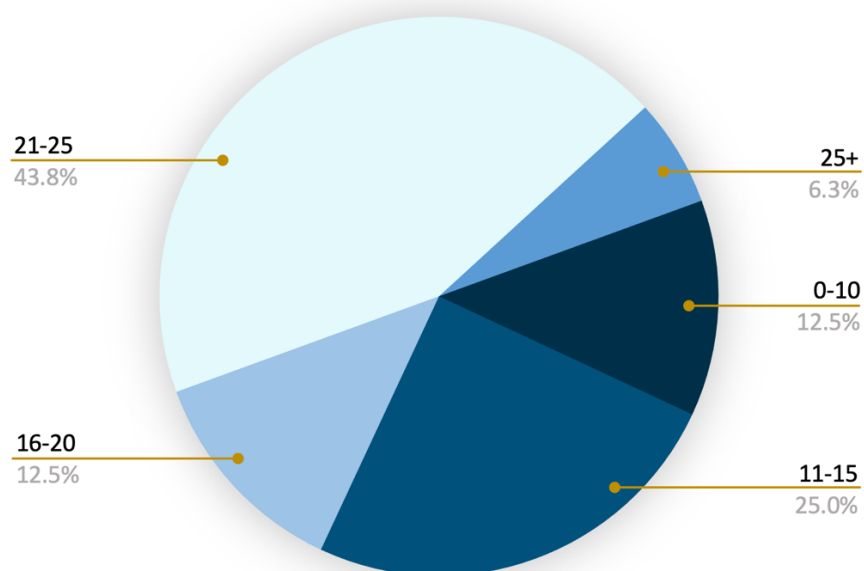
The graphics below give a representation of the interview participants' backgrounds. A majority of participants were born in Somalia (87.6%). The rest of the participants indicated that they were born in the United States (12.5%).

What country were you born in?



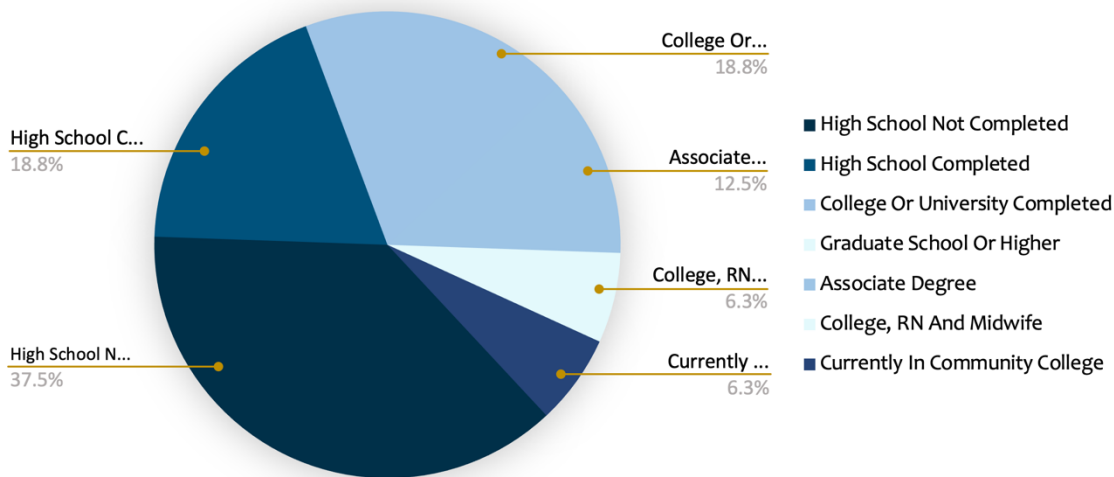
The chart below displays how long the participants have lived in San Diego. 43.8% of respondents have lived in San Diego between 21 to 25 years. The smallest 12.5% have lived in San Diego for less than 10 years. A majority of respondents have lived in San Diego between 12 and 25 years, as shown in the chart below.

How long have you lived in San Diego?



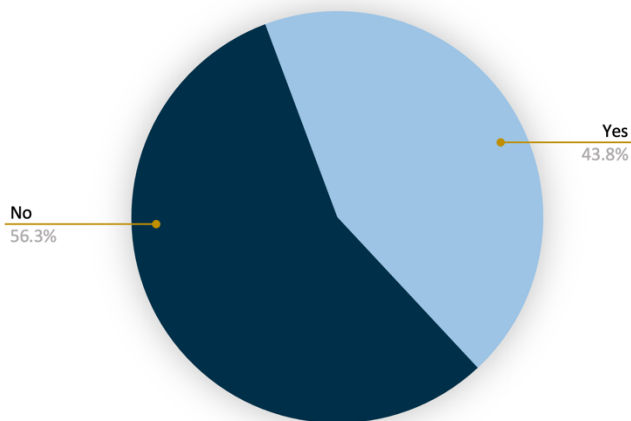
The pie chart below shows participants' education level, with most participants having not completed high school (37.5%). 18.8% reported that they had completed high school and 18.8% have completed college or university. None of the respondents reported having completed graduate school.

What is your highest level of education?

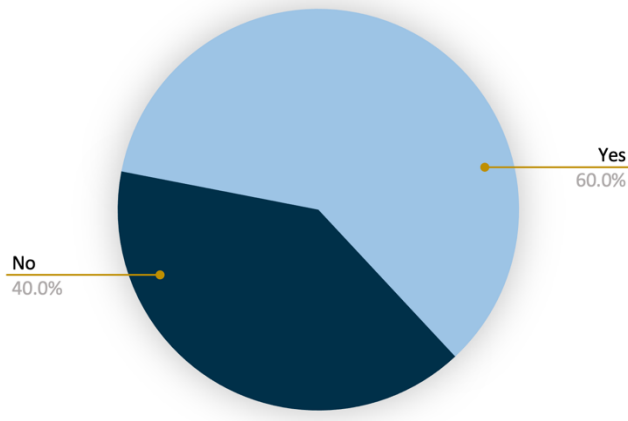


The pie charts below ask participants about their employment status before COVID and currently. Before COVID, 60% of participants were employed compared to 43.8% now. This indicates that COVID had a negative effect on participant employment status.

Are you currently employed?



Were you employed before the COVID-19 pandemic?



INTERVIEW SUMMARY

Part 1: Interview Summary

While each of the participants had different backgrounds, ages, and experiences, there were many similarities and common themes that came out of the conversations. These included the following:

Mental Health in the Community

The question *“When you hear the term ‘mental health’ what comes to mind?”*, it’s got a variety of responses with both negative and positive connotations.

- Many thoughts of illness, having something wrong with your mind, the stress of paying bills and finances,
- Others thought of isolation, stigma, vulnerability, hormonal imbalance
- Recognizing when you need help and being able to ask for help and support for yourself if you need it.
- Having the right response, including not dismissing those who need extra support, talking to people who need help and allowing them to share

When asked what the term ‘mental health’ means to them, many answered that it is connected to depression, anxiety, isolation, and self-awareness. The women comprehended that mental health could become an illness if not taken care of. Some also pointed out the significance of finding an accessible supportive network that can assist an individual.

- Most participants agreed that mental health is a concern within their community that causes problems between parents and their kids. Many also stated that there is a stigma around the topic in their culture, which makes it worse because people deny that is an issue.
- A few participants also pointed out that religion is a protective factor, that their beliefs.

Question: To what extent are mental health and mental illness concerns in your community? Why?

“There are many mental health concerns in our community, and it’s rapidly growing because nothing is being done to help those affected.”

“There are issues, but we don’t talk about it. Because of our culture. We think we might be thought to be weird. We think if you have mental health issues you are a crazy person.”

- The COVID pandemic has increased stress within the San Diego community. Many participants understood how important the topic of mental health and self-care are essential in a time of uncertainty.
- Some of the most common mental health concerns for people in the community involve the increase in drug abuse and substances within young adults and adults, mood swings, and depression due to the pandemic.
- Current aspects of the community that support mental health include community organizations that introduce the topic and encourage conversations, programs for the youth and adults, and family-oriented activities. These were the most common answers, however a few also stated that they were not aware of any supportive services with their community.
- Responses to the question of how easy it is to get help for mental health issues were mixed, although a slight majority said it was not easy, citing a lack of resources, support from others, and lack of trust within the community.

Question: How do people in your community deal with mental health concerns? Where do people go to get help if they need someone to talk to about how they are feeling? (schools, mosque, health center, hospital, community organizations, etc.)

“They don’t discuss it. It’s very taboo in our community.”

“They hide it because of stigma. I know some who don’t get out of their homes for months because they don’t want to see anyone.”

Personal Experience

A majority (81.3%) of participants stated that they had never sought mental health care.

- When asked if they think there is a need for mental health care for women in the community, the majority answered yes. The reasons behind this includes:
 - Women are under a lot of pressure through the major role they play in the household.
 - COVID has made it hard to because they are stuck at home
 - Mothers especially need support
- Many women would like to see changes in their life including wanting more help from the family, to be more successful, the ability to talk openly about mental health, and to improve relationships with kids. Many also stated that they are thankful for what they have and do not see the need for changes.
- In terms of social or professional changes, there were mixed responses. Those who said they wanted to see change cited reasons including:
 - A desire to get more involved in the community
 - A stable income and to finish school
 - The need to build a social life
 - The need to learn more about their religion
- To exercise mental health, many expressed different relaxational techniques such as taking a bath, communicating with others, listening to music, cooking, reading the Quran, exercise, and take time to nap.
- A majority of participants said they had the support they needed from their kids, family, husband, friends, and community.

INTERVIEW HIGHLIGHTS

Part 2: Interview Highlights

In the following section, we have broken down the discussions further into more detailed categories.

Challenges:

- Several women expressed the difficulty of having their children at home during the pandemic and how it affects their mental health. This is a source of stress and anxiety for many, and some explained the struggle with online learning.
- Breaking down deeply rooted stigmas that are part of the culture is a challenge.
- Sometimes, making resources accessible or getting people to seek help can be a challenge.

Gaps:

- Many women discussed the difficulty with children during the COVID pandemic because of the unfamiliarity with zoom and technology.
- Another concern was that participants are accustomed to traditional dishes from their country of origin, but their children are growing up and engaging within an American culture prefer non-traditional meals.

Goals:

- Many expressed the desire to contribute to their communities and be positive role models to their kids during these unprecedented times.
- Multiple participants shared that they want to have more opportunities to engage with other community members and discuss the importance of mental health. The participants express the joy of Baking Connections although it was in a virtual setting.

Cultural and Society:

- Cultural stigmas prevent people from talking about mental health and sometimes cause people to hide when they need help or keep their problems to themselves. There are sometimes negative connotations around mental health issues.
- Religion can serve as a protective barrier; women pray for each other and for themselves and their faith gives them hope that things will get better.

SUMMARY OF SESSION NOTES

Part 3: Summary of Project Coordinator Notes

- Participants talked about health, the desire for healthy foods and an understanding that mental health is an important part of total health.
- Generational differences as a topic came up around communicating with kids, especially around food
- Concerns around financial stability
- Effect of Covid - making them and their children more dependent on technology, especially their phones.
- The zoom sessions served as stress relief for some participants who expressed feeling tired of being home all the time due to COVID.
- Religion as a protective factor - faith in their religion makes it easier to cope with stress and mental health issues, trying to keep a positive mindset and remain grateful.
- Children and daily chores were mentioned as a couple of stressors for some of the women.
- Community bond developed over the 10-week sessions



RECOMMENDATIONS

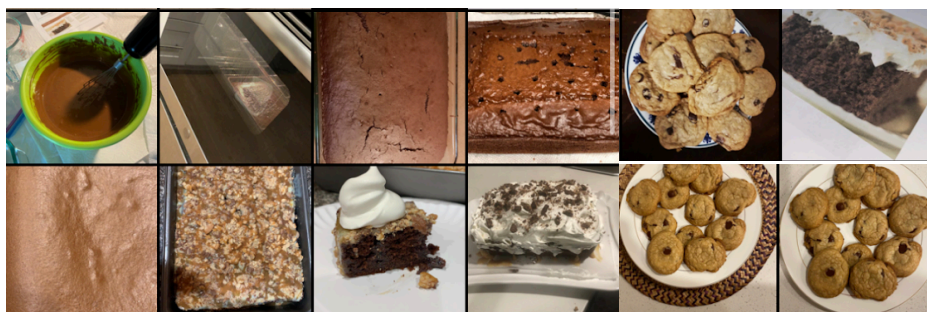
Our recommendations are based on the conversations with interview participants.

- Introduce mental health and mindfulness activities via zoom or in person.
- Incorporate religious practices such as prayer, to create culturally tailored mental health practices.
- For future suggestions, some participants hope to see more exercise and mindfulness practices integrated into the sessions. Exercise classes through Zoom or in person are also a potential new idea that was brought up through the interviews.
- Participants advocate for more mental health awareness and conversation. This includes increasing the number of zoom sessions to give more time to communicate within the group and target more issues.

Program Successes and Challenges:

Overall, the program was successful in creating two cohorts of women who were able to connect and bond over activities and bring up important topics specifically around mental health. We can measure this success by participation in the program – a majority of participants attended at least 9 sessions, and no one attended less than 7. Most participants also expressed the desire to continue the program and would recommend it to others that they know.




We had a few logistical challenges that we were quickly able to learn from in the first couple of sessions. Another challenge was in completing the Becks Anxiety Inventory and The Somatic Symptom Scale, there was some confusion and concern around the assessments with some women associating them with a COVID-19 check, which made it uncomfortable for some women to participate. As a result, it became difficult to complete the initial assessments. We had also planned to invite the daughters aged 12 or older of interested participants, however, this did not work out as none of the women had daughters this age and their school schedule's would have prevented their participation.



ACKNOWLEDGMENTS

This project was made possible through funding from Price Philanthropies and community participants and volunteers.

For more information about UWEAST and the UC San Diego Center for Community Health, Refugee Health Unit, please visit our websites: <https://www.uweast.org/> and <https://ucsdcommunityhealth.org/work/refugee-health-unit/> or find us on social media.

 @ucsdrefugee  @ucsandiegorefugeehealth  @ucsandiegorefugeehealth

 @uweast1  @uweast1  @uweast1

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APPENDIX

Part 1: Demographic Information

1. What is your age?
2. What country were you born in?
3. How long have you lived in San Diego?
4. How long have you lived in the US?
5. What is your highest level of education?
6. Are you currently employed?
7. Were you employed before the COVID-19 pandemic?

Part 2: Program Feedback

1. Why did you decide to enroll in Baking Connections?
2. What was your favorite part of the program?
3. How many sessions did you attend?
4. Did you attend in person or through zoom? Choose one.
 - In person
 - Zoom
5. Did you need to use childcare services in order to attend? Choose one.
 - Yes
 - No
6. Were there any challenges that made it difficult to attend every meeting? If so, please explain.
7. What are some of the topics you discussed throughout the program?
8. What was your favorite topic? What topic did you think was important? Why?
9. Would you take part in this program again? Why or why not?
10. Would you recommend this program to your friends or family? Why or why not?
11. Are there any changes you would like to see in the program? If so, what?

Part 3: Mental Health in the Community

1. When you hear the 'term mental health' what comes to mind?
2. To what extent are mental health and mental illness concerns in your community? Why?
3. What do you think are the most common mental health concerns for people in your community? Please Explain why.
4. What aspects of your community support the mental health of community members? (social/family connections, parks and playgrounds, certain community organizations, etc.)
5. How do people in your community deal with mental health concerns? Where do people go to get help if they need someone to talk to about how they are feeling? (schools, mosque, health center, hospital, community organizations, etc.)
6. How easy is it for someone in your community to get help for mental health issues if they need it?

Part 4: Personal Experience

1. Have you ever sought mental health care? Choose one.
 - Yes
 - No
2. Do you think there is a need for mental health care for women in your community? Why or why not?
3. Are there any changes you would like to see in your life related to your family life? Please explain.
4. Are there any changes you would like to see in your life related to your social or professional life? Please explain.
5. What do you usually do to relax?
6. Do you feel you have support when you need it? Who or what is your biggest source of support?
7. Is there anything else related to the topics we discussed today that you would like to mention or anything you think I should have asked?



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