**Riverbend City: Community Health and Welfare Mission**

**Welcome to Riverbend City**

Riverbend City is a city rich in history and diversity. From its early days as a lumber and milling center to the present day, Riverbend City has attracted immigrants from all parts of the world. Specifically, the city is home to one of the largest Somali communities in the United States as well as a diverse Hispanic community. As you observe the various exchanges between people in these neighborhoods, consider the social and group dynamics that underlie the discussions.

**Instructions**

You may select the neighborhoods in either order and then, within the neighborhoods, you may also select locations in any order. Visit all the locations, paying attention for themes related to social and group norms.

**Longley Neighborhood**

Somali refugees fled civil war in their homeland and started arriving in America in the early 1990s. Riverbend City has one of the largest Somali communities in North America, and the Longley neighborhood in particular has experienced a large influx of Somalis over the last 10 years.

**Coffee Shop**

Typically, any one of the many coffee shops in the Longley community is packed with Somali men, catching up on news and politics, telling jokes, and socializing with friends and kin.

Delmar Warsame, Longley Resident, tells his friends of his cousin's troubles.

**DALMAR WARSAME**

 Did you hear about my cousin’s husband, Ahmed?

**LIBAN HADDE**

 What about him?

**DALMAR**

 He got crazy. No one knows what happened, but he started breaking all the dishes in his house and screaming like a demon. The police came and took him away. My poor cousin can’t stop crying.

**TAHLIIL HARED**

 Didn’t he have a very bad time in the war?

LIBAN Who didn’t?

**DALMAR**

 Yes, but it was very bad for him. He saw terrible things—his parents and brothers were killed in front of his face. The soldiers, they beat him over the head with their guns and shot him. He was only able to escape by pretending he was dead. When the soldiers killed his family, the bodies fell on top of him, so the soldiers did not know he did not die. After that, he had a bad mind.

**LIBAN**

 You’re right. That is very bad indeed. Did your cousin know that he had a bad mind when she married him?

**DALMAR**

 When they were married, he was not crazy; he was a good husband. He sent her with my parents when we left Somalia and then he came here after.

**TAHLIIL**

 But has this kind of thing happened to him before?

**DALMAR**

 No… I don’t think so.

**LIBAN**

 This is too bad for your cousin. I had a cousin back home who was waali. He was a show-off but then a jinn made him crazy. It was very bad for his family – they sent him away to a hospital, but everyone in our village knew about him. He had three sisters—not one could get married because what man is going to want to bring that kind of thing into his life?

**TAHLIIL**

 Do you really believe a jinn made him crazy?

**LIBAN**

 Who knows why a person is crazy? It’s Allah’s will, that’s all I know. Follow the Qu’ran and do your best on the path Allah has given you.

Nadim asks his friends their opinions of a community access program addressing sexual behavior and STDs.

**NADIM ABDIRASHI**

 So, have you seen the Egal Shidad program on ECHO TV about STDs? I don’t know what to think about it.

**MOHAMOUD KAFEEL**

 Is that the one where the boys and girls were all talking about sex? I couldn’t believe they put that on the television. If I was the father of those girls talking about sex and boys … I would beat them.

**NADIM**

 That’s what I thought. But at the same time, I found myself thinking about what they said. That young people are having inappropriate sex. It is happening, but because we are ashamed and embarrassed, no one talks about it. So how do we teach our children not to do these things if we never admit that they happen?

**TARIQ ARUSH**

 Our parents didn’t talk about these things and yet we grew up knowing what we should and should not do.

**NADIM**

 But we did not grow up in America. Our kids cannot walk to school without seeing women walking around with their heads and arms and legs exposed. They have a lot more temptations than we did, don’t you think?

**MOHAMOUD**

 There were a lot of beautiful women in Mogadishu. I know I was tempted plenty. (he laughs)

**TARIQ**

 Don’t you think the Egal Shidad program goes too far, though? I really did not like to see those kids talking so openly about sex and STDs. It made me very uncomfortable. I just think it makes it worse for everyone to be talking about it. The kids think they can be with anyone and it’s okay.

**NADIM**

 There was one boy—towards the end, before the doctor talked – I liked the way he was talking. That having many children is not a good thing for Somalis in America. He made a good point about how it is different here and we need to accept that we are trying to keep our culture when there is another culture all around us that is very different.

**MOHAMOUD**

 Yes … very different, all right. It is a culture with no moral values.

**The YMCA**

Muslim women often find it difficult to stay fit while adhering to their religious principles about modesty. Differences of opinion within the community also affect how comfortable some Somali women are with working out in co-ed settings.

Amira greets Malka, who has just arrived at the YMCA for their workout session.

**AMIRA YUSUF**

 Ah, you’re here. I was beginning to think you might not come.

**MALKA HASHI**

 I was not sure I would. Tahliil’s mother has been very critical about my coming here and I think he gets embarrassed.

**AMIRA**

 He should not be embarrassed! He should be proud of you for doing something to make yourself more fit.

**MALKA**

 I think he is proud of me for taking care of my health. It is hard for him, though, when others are critical of my actions. I know he would like it better if I did exercises at home.

**AMIRA**

 I’m sure he would! That way he always knows where you are.

**MALKA**

 That isn’t the reason. Tahliil is a good husband. He does not take me for granted and he asks my opinion on many things. No, he just wants to help me follow the Qur’an and be pleasing to Allah.

**AMIRA**

 But doesn’t the Qur’an tell us we must care for our health and keep our bodies strong? Did not the Prophet, peace be upon him, have a footrace with Aisha?

**MALKA**

 That is true … and don’t forget, she outpaced him.

**AMIRA**

 Yes, but we should not forget that he did win the rematch.

**MALKA**

 I have to admit, it isn’t just my family. Sometimes I don’t like to come to here because the other women stare at me like I have two heads. And it is very uncomfortable when there are men in the class, even if I am covered. I just don’t like it. …I don’t know… maybe Tahliil’s mother is right.

Malka relates some interesting news about family planning and the local Imam.

**MALKA HASHI**

 I was talking to my cousin, Beydan yesterday. She went to that Caring Hands clinic because Abdullahi was sick with a fever.

**AMIRA YUSUF**

 Did they do anything for her? I have not been very impressed with them when I go in.

**MALKA**

 I know what you mean, but she actually was very happy with them. What was interesting, though, was that they talked to her about child spacing and she said that when she and her husband talked to the imam, he agreed that there are reasons to do it.

**AMIRA**

 Really?

**MALKA**

 Yes… Beydan said the imam told her that Allah, subhanu wa ta'ala, wants the family to be strong, so sometimes it is good to space the children apart.

**AMIRA**

 Her son has that autism disease, doesn’t he?

**MALKA**

 Yes.. It’s true.

**AMIRA**

 I can see why she would not want another child too soon. I am surprised though that the imam said that it was a good thing.

**MALKA**

 I am too. You learn something new every day, I suppose.

**Bus stop**

In Riverbend City, Somali children are far more likely to be enrolled in classes for students with autism than are children of other ethnicities. The reasons remain unclear. However, couple this disparity with barriers to health care access such as transportation difficulties and differences in cultural norms, such as American expectations of punctuality, and the challenges increase.

Beydan questions the need to rush to a medical appointment.

**EYDAN IBRAHIM**

 I am so glad you are coming with me to my appointment.

**HALIMA MAHAD**

 It was no trouble. But you did not have to be in such a rush. It isn’t like the hospital is going to blow away if we aren’t there.

**BEYDAN**

Oh, I know, but the therapists and teachers get very frustrated when I am not there on the minute of the appointment they have given. I tell them about the buses I take and all the things I need to do at home, but they tell me I will lose the appointment time if I am not there, and then I will have made the whole trip for no reason.

**HALIMA**

 They won’t see you if you are not on time?

**BEYDAN**

 No. It happened several times when I first started going to the clinic. I was so embarrassed and tired. One time it took me two hours to get to the clinic, so I was an hour late. They just said “Sorry, you will need to make a new appointment.” So I learned that it’s very important to not be late.

**HALIMA**

 I don’t understand why they cannot see you when you get there.

**BEYDAN**

 I don’t either, but that is the way it is, and so we had to leave when we did. Still, I am very glad you will be able to see the class. I am learning so much about how to help Abdullahi.

Halima discusses her son’s autism with Beydan.

**HALIMA MAHAD**

 I cannot believe you make this trip every week. It’s so much work for you and takes so much of your time.

**BEYDAN IBRAHIM**

 Yes, but it is very important. Abdullahi has made so much progress since he started in this program. They have been teaching him so much. And not just Abdullahi … they teach me and Saeed how to help Abdullahi. I do not care how difficult it is, if it will help Abdullahi have a better life, it is worth my time.

**HALIMA**

 My cousin told me that two of her neighbors have children with the Western disease. He says he thinks it is because they make Allah angry with too much American culture and not being good Muslims.

**BEYDAN**

 What foolishness! As if a family whose child is afflicted with this does not suffer enough, now they have to hear these things.

**HALIMA**

Perhaps, but still you have to wonder. Did you know anyone in Somali who had children with this autism? I did not. It is only here that so many children have this disease.

**BEYDAN**

 That is true. I do not know why this is, but I know you are right. Ah… here is our bus.

**HALIMA** Our first one, you mean!

**Ruby Lake Neighborhood**

Ruby Lake has long been an immigrant community, but in recent years it has transitioned from an enclave for Polish and other Eastern Europe immigrants to the center of Riverbend Cityâ€™s Hispanic community. Most Ruby Lake residents are Mexican or of Mexican descent, but many are from Puerto Rico, Brazil, and Colombia. These different countries differ in cultural and social norms regarding interactions. Additionally, intergenerational issues and changing gender roles affect social and group dynamics.

**The bodega**

Hispanics of Mexican origin have the highest rates of metabolic syndrome (a strong risk factor for cardiovascular disease and diabetes) of any racial or ethnic group. A contributing factor may be that becoming acculturated to the United States has been linked to a diet that is higher in fat and lower in fruits and vegetables than traditional diets.

**CLAUDIA RAMOS** - RESIDENT

 Hey … look. They have the soft tortillas on sale.

**ROSA**

 Feh… I like corn ones better. Those flour ones have no flavor.

**CLAUDIA**

 Are you kidding… they’re soooo much better. They taste more American.

**ROSA**

 And that’s better? I suppose you’d rather have your dinner from a drive-through hamburger place than eat at home?

**CLAUDIA**

 Well, now that you mention it…

**ROSA**

 You kids are all the same. I don’t understand… I know your mother is a good cook.

**CLAUDIA**

 I know she is and I love traditional food. I just like American food, too.

**ROSA**

 I would think so … that’s why your jeans fit you so tight, eh?

**Scene Complete**

You have completed all the required elements in this scene. Click Return to Ruby Lake to continue.

**The Park**

Higher rates of diabetes than in the non-Hispanic communities, greater risk factors for the disease, and greater rates of complications when a person develops type 2 diabetes all make diabetes serious concerns for the Hispanic community.

Victor, a community activist, asks if there are issues that he should bring to an upcoming meeting with the public health director.

**VICTOR**

 I have a question for you all … I have a meeting with the public health director in a couple weeks. I know what I want to talk about, but is there anything you would like me to bring up?

**ROSA**

 Where do I start?

**THOMAS**

 You’re in trouble now, Victor!

**ROSA**

 If there was just one thing I could change…? Getting an appointment. If I get sick, I don’t go into the clinic at the first little tickle in my throat—who does? I try to take care of things myself, maybe try some herbs to see if they will help. So, when I need to go into the clinic, I am sick. So I call them up …. And they tell me I can come in three weeks from Friday! What good is that—by then I will either be better or dead!

**PILAR**

 So … who can do that? Better to go into the emergency room—but you still will have to wait all day and night.

**THOMAS**

 That is true, but actually, what I would change is the way the doctors act with a person. I know we’re not at home any more, but there … when you saw a doctor, he acted like a person. Like a friend. He cared about the whole person—not just the sick part.

**PILAR**

 Oh, that’s true… and they can be so rude. Young boys in a white coat and they never treat me with any respect. If even once someone called me Senora Mendez when I went to the clinic instead of Pilar or “Honey,” I would faint on the spot.

**RICARDO**

 Maybe that’s why they don’t—they don’t want you to hurt yourself?

**THOMAS**

 Smart alec!

**Rosa Arroyo**

Rosa discusses the challenges of managing her diabetes.

**ROSA ARROYO**

 Who wants more buñuelos? I don’t want to take any leftovers home.

**RICARDO**

 I would be happy to help out with that chore!

**THOMAS**

 That’s a first!

**ROSA**

 Pilar, more for you?

**PILAR**

 No, I shouldn’t have had the ones I did already. My sugars are going to be crazy, I know.

**ROSA**

 Are you still having trouble with that? I thought the doctors gave you medicine for the diabetes?

**VICTOR**

 It isn’t that easy, Rosa … if you have diabetes, you have to pay attention to it every day for the rest of your life. There’s no magic pill.

**PILAR**

 It’s true. And it’s too bad … your buñuelos are very good.

**VICTOR**

 Pilar, how have you been doing with managing your diabetes?

**PILAR**

 Eh … it’s hard for an old woman like me. I go to the clinic like they tell me, but every time I go in, it’s new nurses, new doctors and I have to tell my whole life story one more time.

**THOMAS**

 But don’t they give you any help with what you’re supposed to do?

**PILAR**

 Sure, sure … they have lots of advice. Lose weight. Exercise. Don’t eat so much fat. It’s easy for them to give me the advice but not so easy for me to take it. I’m an old woman … I can’t change everything all at once.

**THOMAS**

 I know … it’s very hard. Regina’s doctor tells her she has to start making changes or she will get diabetes herself.

**RICARDO**

 I didn’t know that… is that why she has been dieting all of a sudden?

**THOMAS**

 Si … she’s taking it very seriously. Her aunt had a terrible time with diabetes. It was very bad for her—her vision went bad and she even lost a leg.

**PILAR**

 Dios mio! Can we talk about something else, please?

**Scene Complete**

**You have completed all the required elements in this scene. Click Return to Ruby Lake to continue.**

**Visit the Clinic**

Several factors affect the risk of HIV infection in the Hispanic community. Hispanic men and women are most likely to be infected with HIV as a result of sexual contact with men. Avoiding condoms and having many sex partners are linked to machismo, while sex and sexuality are not discussed.

Martin begins a discussion with Hugo, who has just learned that he is HIV positive.

**MARTIN LEWIS, NURSE PRACTITIONER**

 Hi, Hugo … My name is Martin Lewis. I’m a counselor here and Dr. Rockwell has asked me to speak with you further about your test results.

**HUGO**

 Yeah … the doctor told me I was positive on the blood test.

**MARTIN**

 Do you understand what that means?

**HUGO**

 I dunno… I guess I do. The doctor told me I came up positive and he was telling me all about, like, the differences between HIV positive and having AIDS. I don’t have AIDS, that’s good, right?

**MARTIN**

 Yes, that is good. We’re going to have to talk about anti-retroviral treatment and what the pros and cons of your choices are. But we also need to talk about how you were exposed to the virus and … and this is hard … who you might have been with sexually so we can get any partners tested as soon as possible.

**HUGO**

 Yeah… we need to find out where I got this from.

**MARTIN**

 Yes, that’s a concern, but we also need to be sure that anyone you’ve been with gets tested, too. We can help you with that, if you don’t know how to tell your partners that you are HIV positive.

**HUGO**

 What do you keep saying partners for, like I’m gay? I ain’t gay.

**MARTIN**

 That’s just the way we put it when we’re talking about this kind of thing—sexual partners. Male, female. … I wasn’t implying anything.

**HUGO**

 Good, cuz I’m not gay. I don’t want you thinking I am just because this happened to me. Maybe one of those skanks I been with gave it to me?

**MARTIN**

 That’s possible. I’m going to ask you a difficult question, though. Have you ever had unprotected sex with another man?

**HUGO**

 Oh, man… whatchu gotta ask that kind of thing for? I like the women, I’m telling you.

**MARTIN**

 I get it… I just have to ask. A lot of guys, they are very macho… total men, but you’d be surprised. Things happen … they get high or drunk … sometimes they just got here in this country and they’re farm workers living in a camp with no women around. Things happen.

**HUGO**

 Well, yeah … things do happen. That doesn’t make you gay, though, right?

**MARTIN**

 You are who you are… we don’t need to be worrying about labels or what other people say you are. Let’s just talk about who you might have been with.

**HUGO**

Okay … how far back are we talking about..?

**Mission Summary**

You have now visited several neighborhoods in Riverbend City and gotten a sense of how the community’s diversity affects health and wellness issues. Some issues are specific to a given population and some are seen throughout the various communities that make up Riverbend City. As you prepare your response to the discussion question in your course room, consider the various exchanges between people in the various neighborhoods and what health issues underlie those conversations.

**Summary Document Content**

 Community Health and Welfare Mission

**Locations:**

In this mission you visited two neighborhoods in Riverbend City - Ruby Lake, which is the center of Riverbend City's Hispanic community; and Longley, where many of the area's Somali immigrants have settled.

**Major Themes**:

In all three neighborhoods, residents talked about various health issues, such as diabetes and hypertension, depression and PTSD. You also witnessed behaviors that can contribute to health problems, such as adolescent sexuality, poor understanding of nutrition, and reluctance to discuss sensitive issues such as sexuality or mental health.

It is difficult to say exactly how or why health disparities between ethnic and racial groups arise, but most research in this area points to three main areas:

**•Social determinants of health,**

**•Barriers encountered by vulnerable populations when trying to enter into the health care delivery system; and**

•**Differences in the quality of health care received by vulnerable populations.**

The effort to eradicate disparities in health and health care among racial and ethnic groups, socioeconomic groups, and other classifications such as urban and rural communities is a major feature of public health policy, as demonstrated by numerous health promotion and disease prevention programs such as Healthy People 2000/2010/2020.