

Tackling health inequalities within the Somali community in North East London



Edna Ahmed
Somali Community
Engagement Officer

Why was the Somali Community Engagement Officer role created?

- “Black people are **four times** more likely to die of Covid-19 than white people” (*ONS, 2020*)
- “The emerging evidence suggests excess mortality due to COVID-19 is higher in BAME populations. Individuals of Black African or Black Caribbean ethnicity may be of highest increased risk” (*Beyond the data: understanding the impact of COVID-19 on BAME groups*)
- The pandemic exposed and exasperated longstanding inequalities within health. We all saw that the people who have been worst affected by the virus were those who generally had worse health outcomes pre-pandemic. It played a key role in showing the significance of how social determinants of health impact health inequalities.

What challenges have we been hearing from the Somali community?

Lack of efficient translation or interpretation support

Discrimination and stigma

Distrust of the healthcare system

Lack of awareness of NHS health information and general service updates

Language and cultural difficulties

Insight into our engagement sessions



10 Barts Trust X WIT collaborated events



20 face to face engagement sessions



31+ online, Vcs, public health and community meetings





**Over 100 members of the
Somali community engaged
with in less than a year**

What impact have
we made?



Want to see a Midwife?

**Drop in sessions fortnightly
on a Thursday**

**An opportunity to see a Patients Experience
Midwife to get the support you need**

Open to:

- Any women who had a baby within the last year at Royal London, Newham & Whipps Cross hospital who need support
- Any women currently pregnant and under Royal London, Newham & Whipps Cross hospital
- Any woman who is currently pregnant & has not notified the doctors

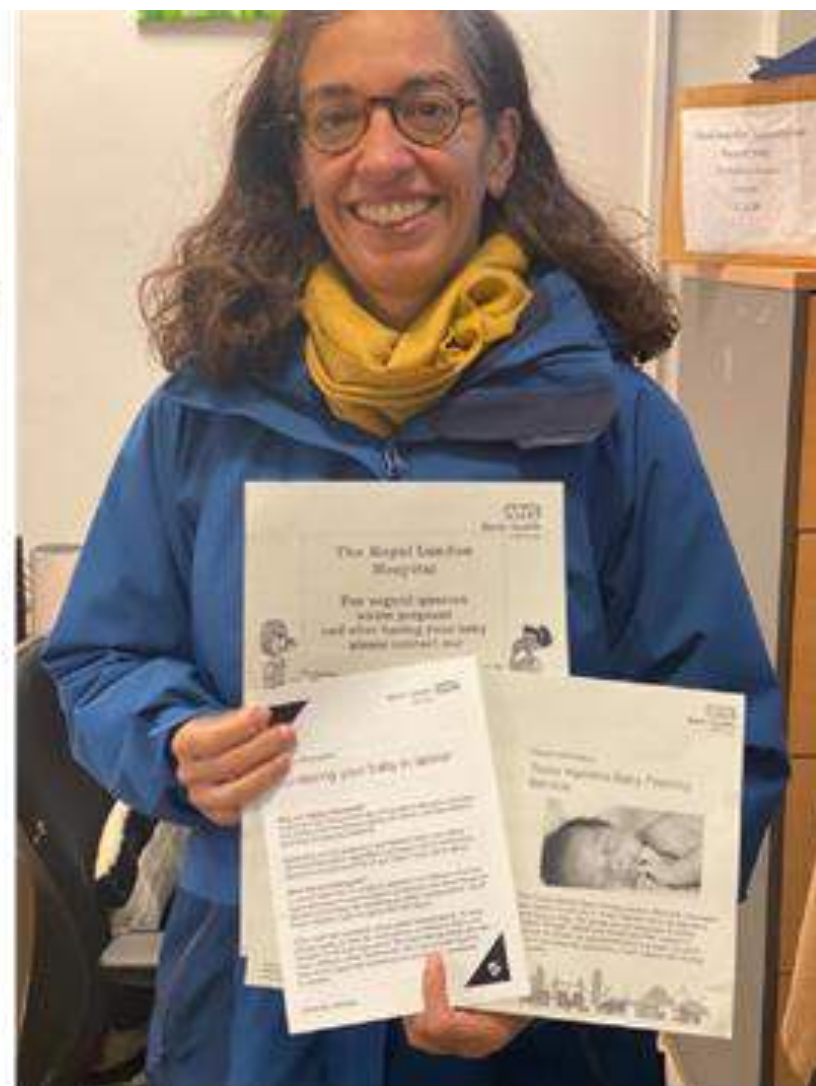
**Starting on
Thursday, 27th
October 2022**

1PM - 2PM

**Mayfield House,
202 Cambridge
Heath Road,
London, E2 9LJ**

 Women's
Inclusive
Team

 NHS
East Health
NHS Trust



Case study

Mrs. A is a Somali woman who had already given birth to four children. When she began experiencing typical symptoms of pregnancy, such as fatigue and nausea, she was sure that she was pregnant once again. She tried to book an appointment with her GP to inform him, but due to decreased appointment times and language barriers, she was unable to communicate her situation properly. After explaining her symptoms as best as she could, her GP insisted that she was not pregnant and referred her to the opticians instead.

Feeling dissatisfied with the outcome of her appointment, Mrs. A tried to book another appointment to get her pregnancy on record but was told that the wait would be a minimum of four weeks. She knew that she could not wait that long, as her symptoms were getting worse, and she was certain that she was pregnant.

Mrs. A came across our community-led maternity drop-in sessions at her local Somali community centre (Women's Inclusive Team) via a WhatsApp broadcast message. She attended a session, where both a midwife and interpreter were available, and was immediately booked her first antenatal appointment. It was during this appointment that Mrs. A learned that she was already 19 weeks pregnant, explaining why she could recently feel her baby moving inside her.

Although she had missed the opportunity to undergo some important tests and scans in the early stages of her pregnancy, Mrs. A was extremely grateful for the midwife's help and the support she received from her community centre. Without these resources, she may have gone without the vital antenatal care that she needed, which could have led to complications during her pregnancy and birth.

Feedback from clinical colleagues (Breast cancer)

I have attended 2 sessions now one smaller, more intimate group and one larger group, it was a lovely experience both times.

It is was such a wonderful experience, it was such a relaxed atmosphere and a open space for everyone to talk about their experiences and answer questions.

It was so good to talk to the group and raise breast awareness from the breast screening and symptomatic perspective where patients get referred from the GP.

We even had a lady come to through our one stop clinic who presented because they knew someone who attended the group.

It was a joy and privilege to be part of this and look forward to supporting other sessions again in the future.




I attended the first session with Amie with the smaller more intimate group of ladies. It was fantastic to have your support with translation directly to the ladies to update them on Breast screening the process of invitation, breast awareness and GP referral for assessment in symptomatic.

I felt it went well as an informal safe space for ladies to speak to us about their experience and their concerns. I look forward to supporting future events in the future




What are our patients and community members saying?


"I felt listened to for the first time. This pregnancy and labour was extremely traumatic for me that I buried it deep down. When I heard about the drop in sessions at WIT, I had an internal struggle. Part of me just wanted to forget about it all and move on, but another part of me knew I couldn't without talking to someone and getting some answers"



"Rachel listened to me talk for hours and validated my feelings, you don't understand the wonders that did for me"



"We don't normally get the chance to speak to a midwife at a community centre we consider home. I've never seen a service that offers translation and healthcare advice at a local community"



"I wish this existed when I was pregnant with my first son, I was so overwhelmed and in our community we are expected to just get on with things and see daily struggles as a blessing from God. A real blessing from God is walking down the road and having direct access to a midwife you can ask questions to and learn from, with a cup of tea!"

Next steps

“Aqoon la aani waa iftiin la aan”.

“To be without
knowledge is to be
without light”



Continue and expand existing community based advice and guidance drop in sessions

Building an official network of Somali organizations to help further work on improving health inequalities

Continue work to address the determinants that lead to ethnic inequalities in health outcomes

Culturally sensitive health promotion including efficient interpreting services

The foundations for effective community engagement have been developed, to truly see improvement in health inequalities for minoritized communities, the work must continue!