Challenges and Successes of a Perinatal Community Health Worker Program for Pregnant Somali and S. Sudanese Refugee Women

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Key Findings: Challenges included the recruitment, training, and retention of PCHWs from within the refugee communities, as well as accessing pregnant refugee women to provide services. Successes included retention of PCHWs, their progression on to higher education, and refugee women’s satisfaction with PCHW services. Perinatal outcomes examined were affected by other variables including adherence to primary culture, language, transportation, and finances.

Background

• Many refugees from Somalia and South Sudan are resettled in U.S. metropolitan areas. Pregnant African refugee women are often isolated and must interface with an unfamiliar healthcare system. Pregnancy outcomes are poorer than other U.S. women.
• Community Health Workers (CHWs) are workers who assist individuals and communities to adopt healthy behaviors, conduct outreach and advocate for them. CHWs have had positive impacts on health around the globe and in North America. However, their work with refugee women in resettlement countries has been limited.

Objectives

• Recruit and educate Perinatal Community Health Workers (PCHWs) from within the Somali and S. Sudanese communities, expose them to higher education opportunities and encourage them to pursue them.
• Provide support, information, and cultural liaison services to pregnant Somali and S. Sudanese women.

Results

Challenges:

• Recruitment, training, and retention of PCHWs
• Accessing pregnant women in the communities even for PCHWs from within the same community.

Successes

• Retention of PCHWs and their progression on to higher education.
• Women reported increased understanding of western pregnancy care.

Perinatal outcomes of attendance at prenatal visits, adherence to medical advice, and satisfaction with PCHW services were affected by other variables including adherence to primary culture, language, transportation, and finances.

Dissemination

Lessons learned have been shared with healthcare systems and public service agencies to create system change. The State Department of Health has established an education and credentialing program for CHWs, supporting the incorporation of this pilot into a larger program.

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