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Roundtable

**From Desert Sands to Mountain Snow:
Nursing Students' Learning from and Advocacy for Eritrean Refugees.**

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Objectives: Participants will:

1. Describe the history and current situation of Eritrean refugees in the United States.
2. Explain multiple goals for partnering nursing students with Eritrean refugee families.
3. Assess benefits of the student/immigrant partnership for families, students, and the local health care agencies.
4. Formulate ideas for deeper community partnerships to meet refugee needs.

A. Who are refugees? 80,000 refugees come to the U.S each year needing health care access and health promotion alongside basic needs. These newcomers expand the nation's diversity that increasingly challenges nursing students to develop cultural competence.

Refugees are people who have fled their communities fearing death or prosecution because of their race, religion, or political views.

- Refugees have legal status in the U.S. and typically are granted 8 months of Medicaid and three months of housing with some financial support along with assistance in obtaining a social security number and in finding work.
- There are currently over 14 million legal refugees in the world.
- Less than 1% of refugees has no hope of returning to their homeland and need to be resettled in a third country.

<http://harrisonburgrefugees.com/>

B. Eritrean refugees

Eritrean refugees (Tigrinya, Kunama and other ethnic groups) began fleeing into Ethiopia (many into the Shilmelba camp in northern Ethiopia) after the outbreak of war between Eritrea and Ethiopia in 1998. Tensions between the countries had been high since Eritrea gained independence from Ethiopia in 1991 following a 30-year war, and in 1998, a border dispute sparked a two-year conflict that cost the two countries hundreds of millions of dollars and tens of thousands of casualties. Many of the Tigrinya in Shimelba fled Eritrea to escape harsh compulsory conscription into the Eritrean national service. Conscripts in Eritrea serve either in the military or on a civilian work gang, often for an indefinite length of time. The Kunama fled Eritrea to escape persecution by the Eritrean government, which accused the Kunama of siding with Ethiopia in the 1998-2000 war. Most persons have been in the Shimelba camp 5 to 10 years.

Whatever their reasons for fleeing Eritrea, refugees who repatriate risk persecution. In Eritrea, it is illegal to cross the border into an enemy country, and refugees who do so are viewed as collaborators with an enemy state.

The UN is closing the Shimelba camp and resettling all refugees to third countries

- +/- 6500 Eritreans have or will be resettled in the US from the Shimelba camp
 - 63% are ethnic Tigrinya
 - 33% are ethnic Kunama
- +/- 150 Tigrinya persons & 2 Kunama families are in Harrisonburg

(COR Center Refugee Backgrounder No. 5 December 2010. From <http://www.cal.org/co/index.html>)

C. In Harrisonburg Refugees are welcomed by the **Refugee Resettlement Office**
<http://harrisonburgrefugees.com/>

Some background about Eritreans coming from Shimelba:

- Tigrinya are typically Coptic orthodox
- Kunama are typically Catholic (55%), Protestant (16%) or Muslim (16%)
- Orthodox and Muslim Eritreans fast regularly
- Few Tigrinya use traditional healers, Kunama do
- War has vastly changed family structure
- Diet staple is *Injera* a flat bread and sauce made of beans/split peas or lentils

D. Nursing Students involvement.

EMU nursing students take a required course called *Nursing Care of the Family in Community*. For the clinical portion, each student is each assigned to a family in the community referred by schools, public health departments, social service or other agencies. The student visits the family 7-10 times over the semester, one time with a faculty member. (In the Spring 2011 6 students and in the Fall 2011 5 students were assigned to Eritrean families of a total of 40 students in the courses.)

Students develop a partnership with the family; and complete an assessment, care plan, and teaching plan with and for the family. The Partnership is assumed to take about 50 hours.

E. Course goals:

- Approach Family (not individual) as client
- Experience Case management
- Develop a partnership (flexible, negotiated, informed relationship)
- Build Cultural Competence
- Utilize EMU Sacred Covenant approaches (presence, agape love, reconciliation, justice, advocacy, empowerment, grace)
- Plan and apply evidence based interventions

F. Evidenced based Nursing Interventions

In the care plan, students plan at least 6 interventions. Several must be evidence based. Some of these have included:

- Assess school adjustment of children
- Teaching about mittens, hats, and the flu
- Assist family to find a medical home
- Reinforce information between agencies
- Connect family with a university sign language club. (mother is deaf; non literate)
- Make referral for hearing evaluation
- Initiate referral for developmental assessment
- Provide information regarding planned surgeries
- Negotiate Head Start and other applications
- Assist in assuring regular prenatal care

G. Challenges for students

- Family expectations (may see them as volunteer driver; call them frequently)
- Language barrier
- Scheduling visits with student class and clinical schedule and family work schedule
- Student lack of knowledge of local resources
- Student desire to “fix” something- discomfort with “presence” only

H. Challenges for families

- Expectations of student- what are they here to do?
- Prioritized needs: family may have different priorities than student
- Language/communication barriers
- Note: Research is needed to learn more about families' experiences with a student.

I. Outcomes:

Families report:

- " You are the first American to visit my home."
- " You accepted us and supported
- Families sometimes request a student for the next semester

Students report learning: (quotes)

- How to approach a family of another culture
- Preconceived ideas have changed: Don't make assumptions about people with a low income.
- Don't take my life for granted
- The many influences on health and what we call "compliance"
- How to work with an interpreter/ the importance of language
- How to work as a partner, not just "tell them" what is best
- How gracious people are to us as students
- People have more strengths than you think

Community Outcomes

- Some students follow up with a final semester community project. Two examples include the development of a cultural guide used by Shenandoah Women's Health Care, Harrisonburg Community Health Center, Public Health Department; and a curriculum for the health focus section for a new orientation plan for refugees by the Refugee Resettlement Office.
- Agencies appreciate work on their behalf

J. Recommendations:

- Each nurse should be aware of all the cultural groups in the catchment area of your workplace and learn at least basics about those groups; origin, push and pull reasons for settling in your area
- Nursing education programs could collaborate together and with local agencies to increase access to care and health promotion for population groups
- Group ideas?
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Finally: At the end of the semester students offer "thank you" to families. Examples include thank you for:

- Sharing the difficult part of your life journey, laughter, life stories, happiness, frustration, hope and gratefulness
- For trusting me with your health and your life
- Allowing me in your home and putting up with my attempts at care
- Sharing your cultural traditions and values
- Being open to listening to what I had to say and trying to make changes
- Your openness and graciousness- you made coming to visit a joy, not a task
- Teaching me that love for each other outweighs all other problems