

A Portrait of Health Needs

Self-reported Health Needs Among New Americans
in Lewiston-Auburn



www.healthyandroscoggin.org

October 2015

Introduction

Between November 13 and November 26, 2013, 12 temporary employees of the Neighborhood Housing League¹ went door to door in targeted neighborhoods of Lewiston and Auburn, Maine, conducting 232 in person public health surveys with New American¹ householders on behalf of Healthy Androscoggin.

This report presents the results of the survey.

¹ The term New American in this report refers to refugee and immigrant community members, sometimes referred to as New Mainers.

Survey Methodology

Between November 13 and November 26, 2013, twelve temporary employees of the Neighborhood Housing League² went door to door in targeted neighborhoods of Lewiston-Auburn, conducting 232 in-person public health surveys with New American householders on behalf of Healthy Androscoggin. The surveys were conducted between 10 am–3 pm (daylight hours) on weekdays and weekends. Surveyors worked in pairs, and at least 1 in each pair spoke multiple languages. On average, it took about 22 minutes to complete the survey.

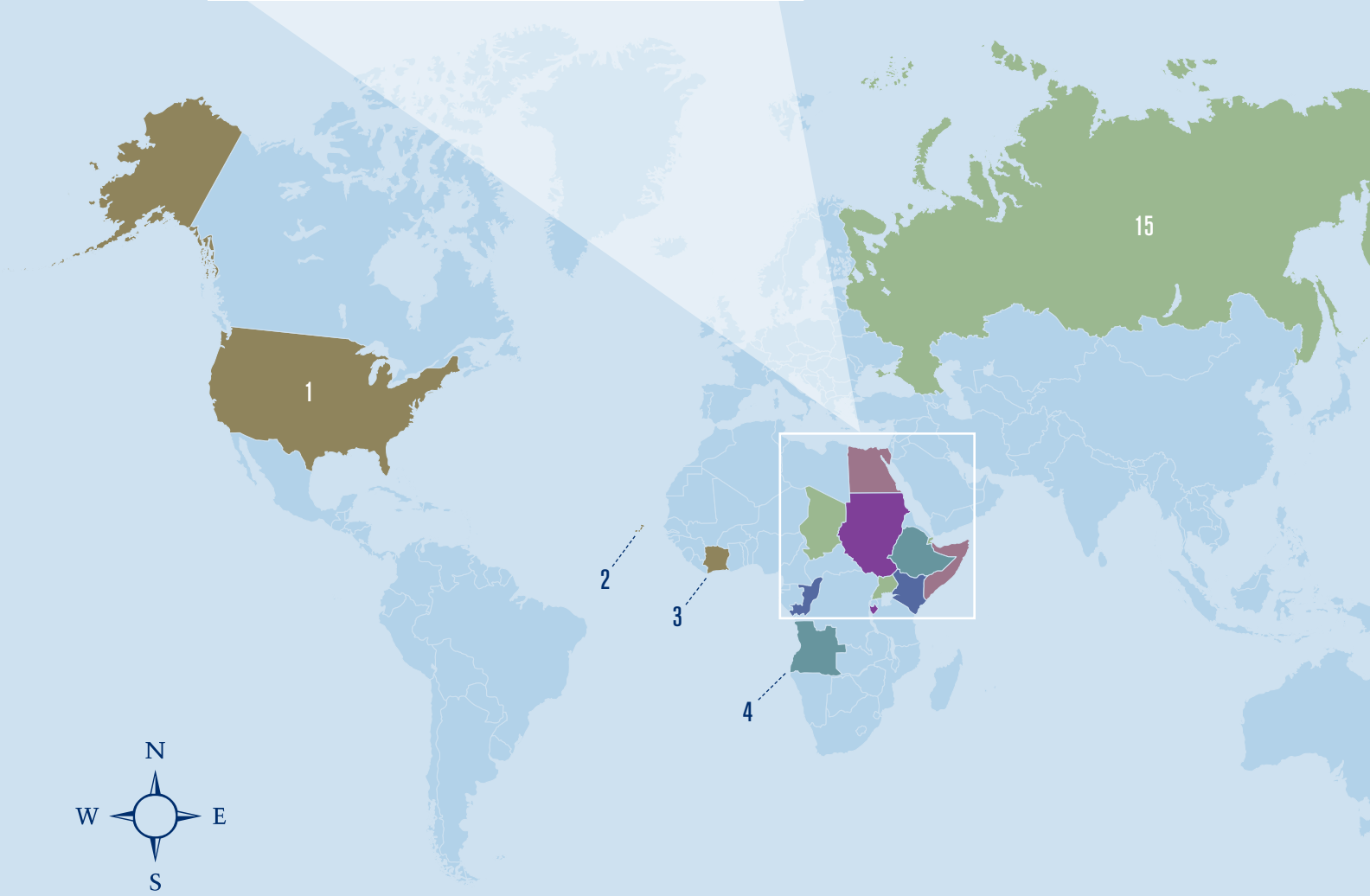
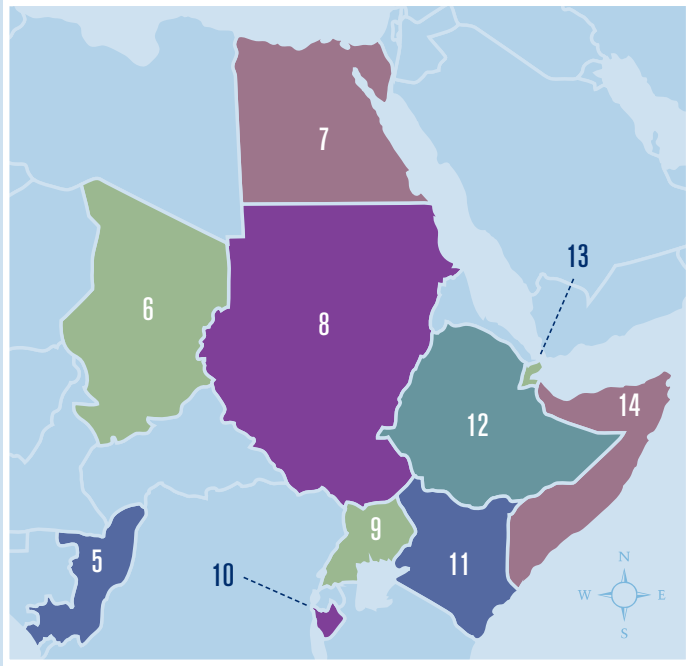
The targeted neighborhoods were identified by New American residents and service providers as having a high number of New American households. Only New Americans age 18 and older were invited to take the survey. In the days leading up to the survey, fliers were distributed to partner organizations to help introduce the survey. Handouts distributed by the survey workers explained the purpose of the survey and assured that the results would be confidential.

The survey questions included 1) demographic questions, such as age, income and household size; 2) questions about current healthcare services and access; 3) questions about respondents self-reported health needs; and 4) program preferences and communication. The survey questions were developed based on focus groups conducted during June and July 2013. The focus groups included 40 New American community members organized by age, gender and ethnicity.

² Neighborhood Housing League is a grassroots community organization (founded by The Visible Community) that empowers residents to get involved in advocating for fair, safe, and affordable housing in downtown Lewiston, Maine.

According to the 2010 U.S. Decennial Census, there are 899 households with a black or African American householder living in Lewiston-Auburn. While the methodology used does not allow a formal calculation of a range of error, we believe that the results are representative of the population with the following limitations: surveys were conducted during the middle of the day, and households were not selected at random. Compared to the characteristics of the New American population in Lewiston-Auburn as a whole, the survey oversampled females, New Americans between the ages of 35-44, and New Americans between the ages of 18-24.

Healthy Androscoggin is a coalition of community members who work to improve health and quality of life in Androscoggin County. Healthy Androscoggin is the Local Healthy Maine Partnership for the communities it serves.



The New American population in Lewiston-Auburn is diverse and changing.

In 2010, there were 899 households³ (consisting of 3,744 people) with a black or African American householder living in Lewiston-Auburn. This is approximately 4% of all Lewiston-Auburn households and represents a significant increase since 2000 when there were only 168 black or African American households in Lewiston-Auburn. The actual number is likely higher, as immigrant communities are at higher risk for being undercounted by the Census without additional effort.⁴ The social service organization Catholic Charities Maine estimates there may be approximately 6,000 New Americans living in Lewiston-Auburn.

The 232 New American households in Lewiston-Auburn surveyed by Healthy Androscoggin in 2013 identified more than a dozen countries of origin.

³ U.S. Decennial Census.

⁴ www.civilrights.org

Healthy Androscoggin: New American Health Needs Survey

Origin	Respondents	Origin	Respondents
1 United States	1	9 Uganda	2
2 Cape Verde	2	10 Burundi	1
3 Cote D'Ivoire (Ivory Coast)	2	11 Kenya	8
4 Angola	3	12 Ethiopia	9
5 Congo	4	13 Djibouti	18
6 Chad	1	14 Somalia	176
7 Egypt	1	15 Russia	1
8 Sudan	2		

While 176 of survey respondents (76%) are from Somalia, Somalis are no longer the predominant group among new arrivals. According to the City of Lewiston, people from Somalia accounted for just 19% of those arriving in Lewiston between May 2013 and May 2014. Many of the newer arrivals are from Angola and the Congo. Depending on where they are from, New Americans may or may not have similar language, cultural practices, and preferences.

New Americans in Lewiston-Auburn speak many different languages.

Somali is the most common language among New American survey respondents in Lewiston-Auburn. 72% (167 respondents) identified Somali as their preferred language, and 202 respondents said someone in their household speaks Somali.

At the same time, 66% of survey respondent households speak more than one language. On average, respondents reported their household speaks 2 languages.

Language	Language Preferred	%	Someone in Household Speaks
Somali	167	72%	202
English	31	13%	116
Maay Maay	12	5%	34
Swahili	8	3%	34
French	5	2%	34
Portuguese	2	1%	5
Ahmaric	2	1%	10
Arabic	2	1%	20
Dinka	1	0.4%	1
Italian	1	0.4%	1
Don't know/no response	1	0.4%	1
Other			8

Survey respondents reported varying levels of education.

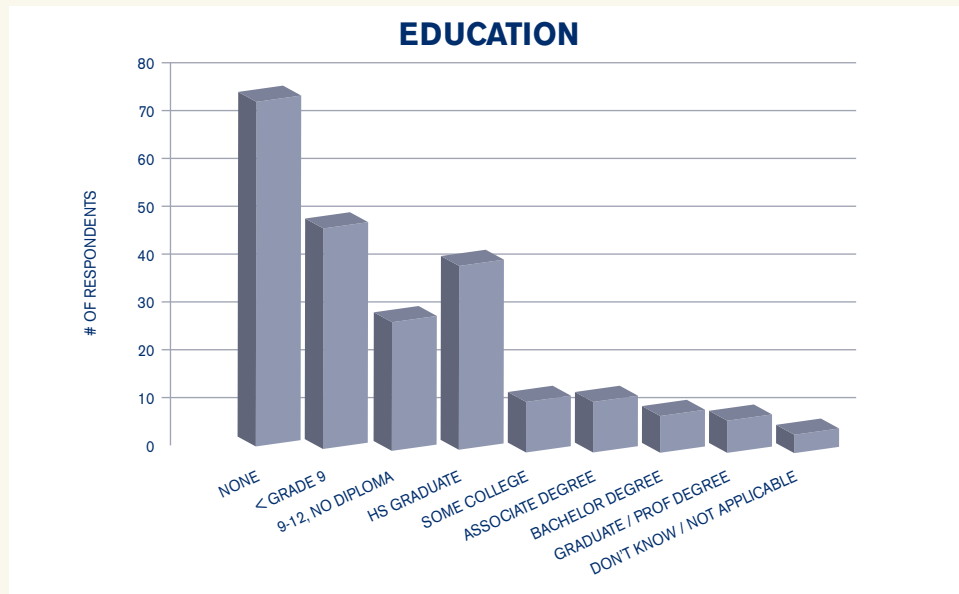
Although most New American survey respondents reported low levels of education⁵, 26 respondents (11%) have an associate's degree or higher.

Among survey respondents, 32% (75 respondents) said they have had no formal education. Another 21% (48 respondents) have less than a 9th grade education.

55% (127 survey respondents) reported that they are not currently employed. Full-time employment increased with time in the U.S., but only after 9 or more years.

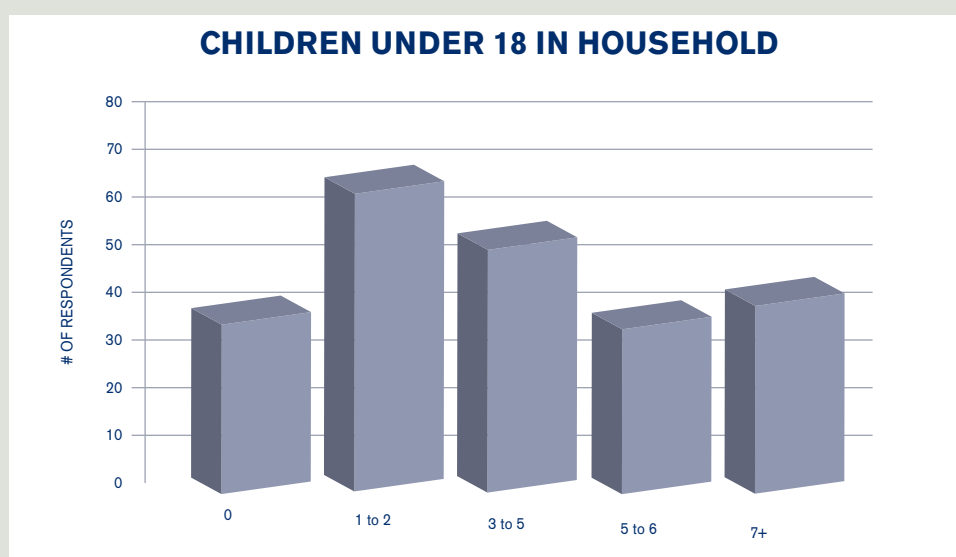
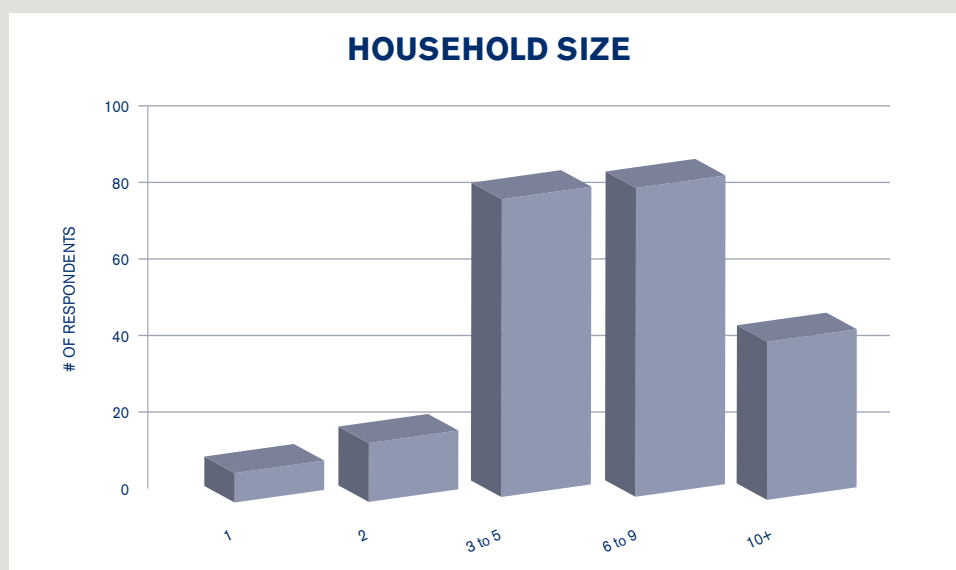
68% (158 survey respondents) reported household income below \$25,000, while 33% (77 respondents) reported income below \$10,000 per year.

⁵ The question did not distinguish between education here in the U.S. and education in another country.



Many New American survey respondents live in large households with children.

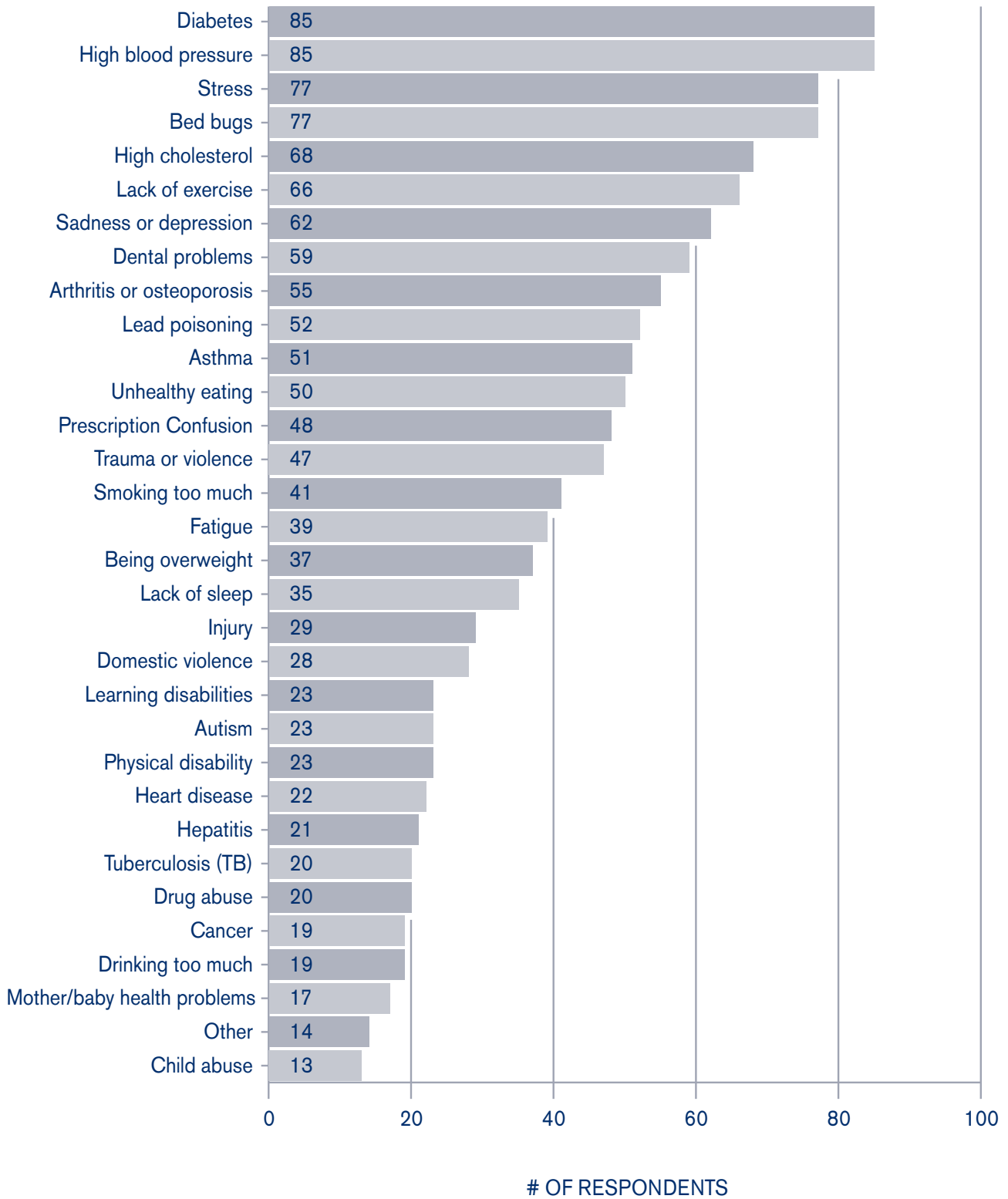
More than half of New American survey respondents (55%, 127 respondents) live in households with 6 or more people. 84% (195 respondents) have 1 or more children under the age of 18.



Among New American survey respondents, the most common self-reported health needs⁶ are diabetes, high blood pressure, stress, bed bugs, high cholesterol, lack of exercise, and sadness or depression.

⁶ The survey question stated, "Have you or someone from your household experienced any of these health problems now or in the past?" and a list of options was read.

SELF-REPORTED HEALTH NEEDS



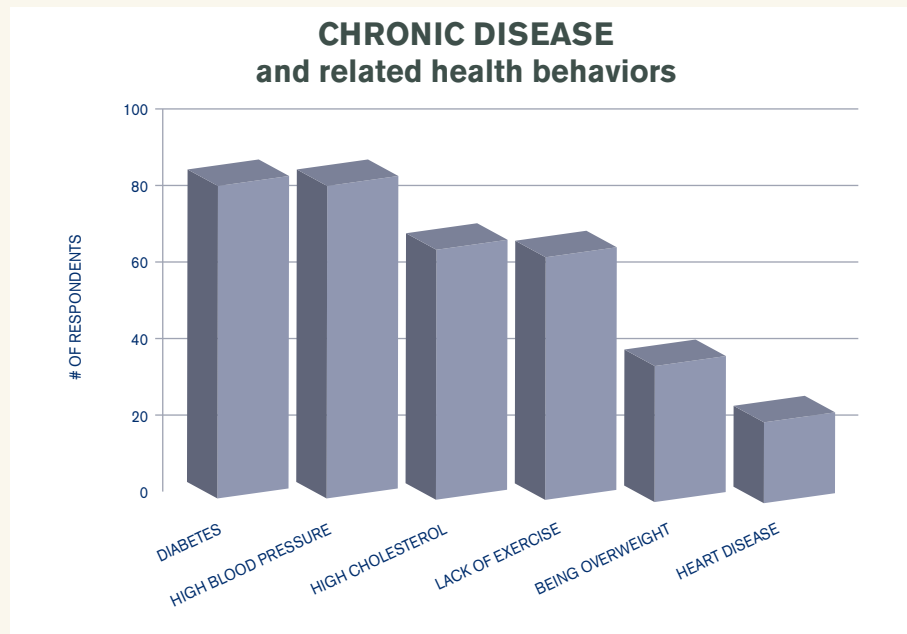


Overall, the most common self-reported health needs among New Americans in Lewiston-Auburn are diabetes and high blood pressure, both of which are related to chronic disease.

Diabetes and high blood pressure were each identified 85 times by survey respondents.

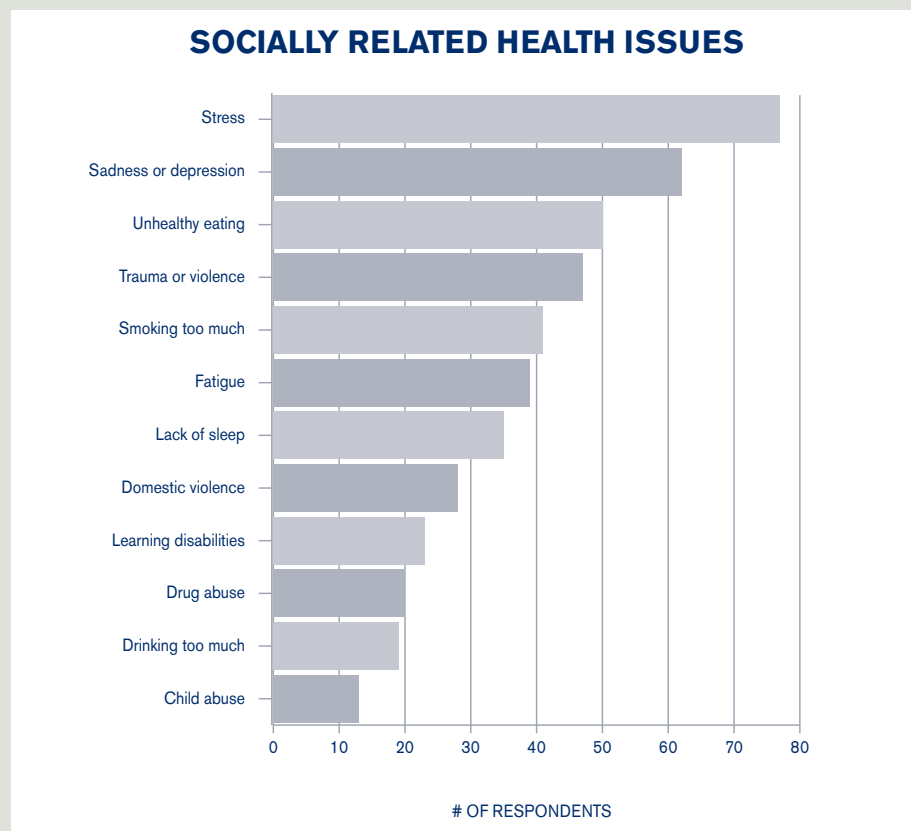
High cholesterol, lack of exercise, and being overweight were also identified by survey participants as common health problems facing the community.

High blood pressure, diabetes, and high cholesterol were the most frequently discussed health problems in focus groups conducted leading up to the survey. New American focus group participants described how cooking and eating habits in Africa included lots of red meat and cooking with oil. While their eating habits in America remain very similar, focus group participants reported that the amount of exercise they get here is significantly less.



Social-related health issues are a major concern among New Americans.

Stress was commonly identified as a health problem in the New American focus groups leading up to the survey and was cited by a third of survey respondents (77). Many New Americans in Lewiston-Auburn fled their countries of origin due to violence and other traumatic situations, and many lived in refugee camps prior to their arrival. The stress of transition can be exacerbated by arriving in a new country to make a new life in a place with different languages, cultural norms and practices. Low levels of employment and household income can also be stressful.





Finally, several self-reported health problems are related to the home environment. These include bed bugs, lead poisoning and asthma. Rental housing built before 1940 accounts for more than two-thirds of total rental housing in the Lewiston-Auburn downtown areas.⁷ Older housing stock is more likely to be in deteriorated condition. Housing built before 1978 is also more likely to have lead paint. National research indicates that 40% of asthma episodes are caused by asthma triggers in the home, including mold, mice and rats, cockroaches and dust mites, pet hair and dander, tobacco smoke, and Volatile Organic Compounds (VOCs) and chemical odors.⁸

Among the remaining self-reported health problems, dental problems were identified by 59 survey respondents, and arthritis by 55 respondents.

Many New American survey respondents reported getting regular healthcare, but fewer reported getting the mental healthcare, dental care, and eye care they need.

85% (198 of 232 survey respondents) reported that they and their household are able to see a doctor when they need to.

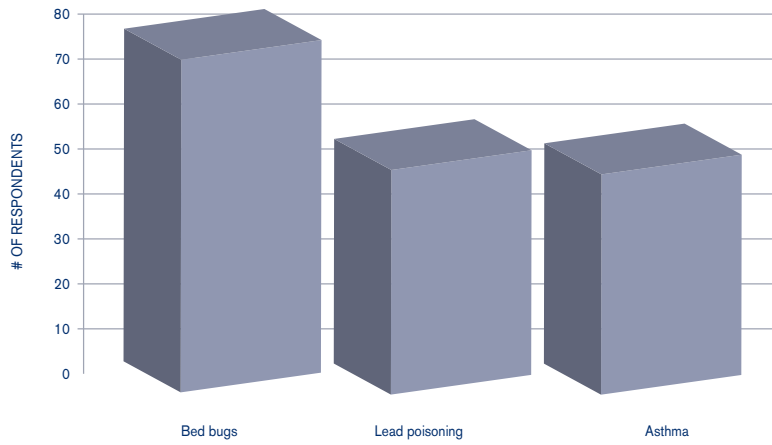
90% (209 survey respondents) said they get the healthcare they need. Just 38% (89 respondents) said they get the mental healthcare they need. 61% of survey respondents said they get the dental care they need.

85% (199 respondents) said when they go to the doctor, they usually pay with MaineCare.

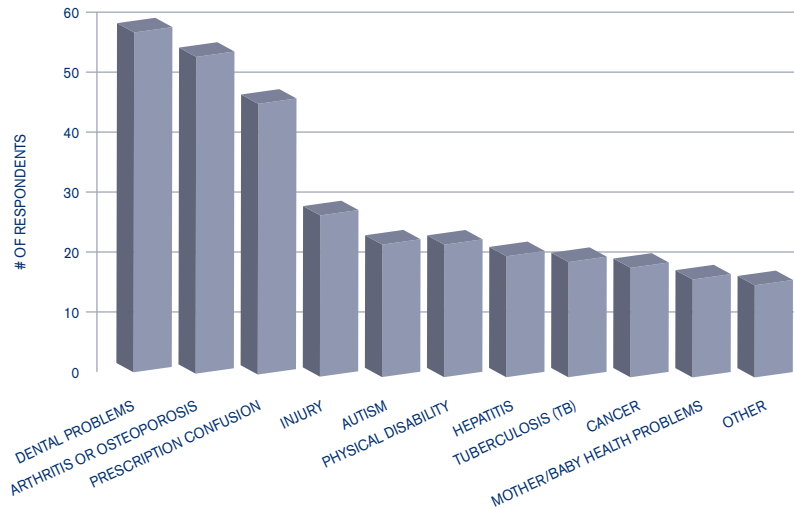
7 2013 Analysis of the Impediments to Fair Housing Choice in Lewiston-Auburn

8 Robert Wood Johnson Foundation Commission to Build A Healthier America. "Beyond Health Care: New Directions To A Healthier America Report." April 2009

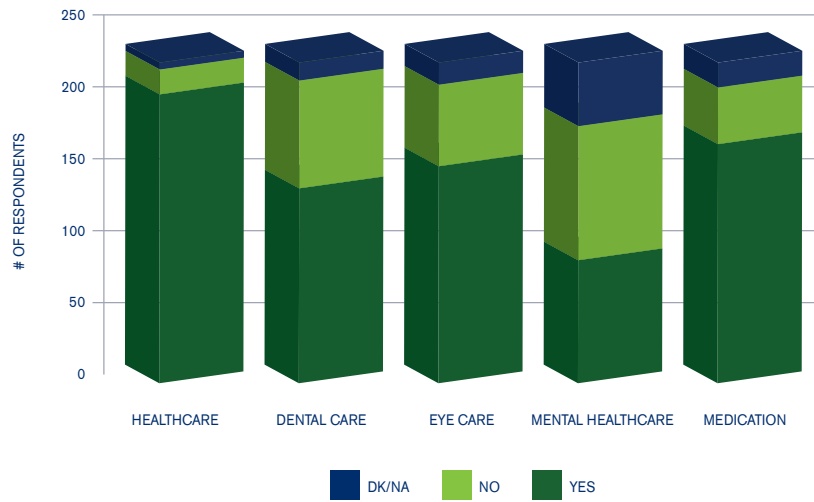
HOME ENVIRONMENT



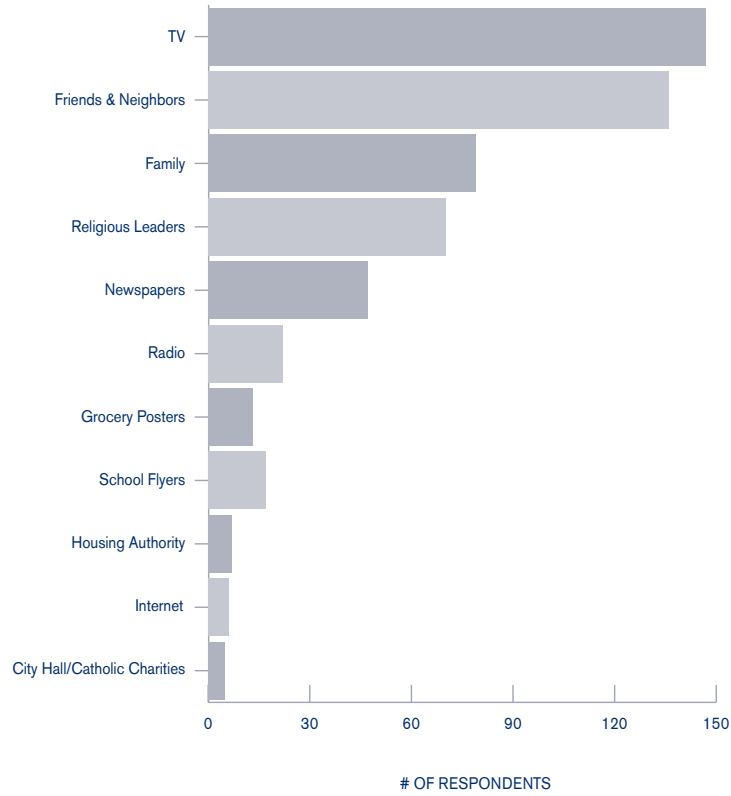
OTHER ISSUES THAT AFFECT HEALTH



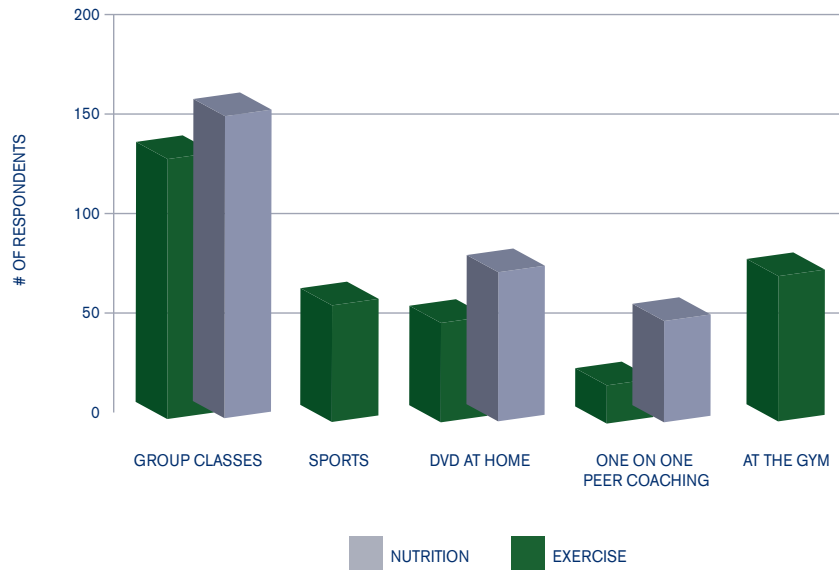
TYPE OF HEALTHCARE RECEIVED



INFORMATION PREFERENCES



NUTRITION & EXERCISE



Community assets and preferences can help providers reach New Americans more effectively.

Asked to select from a list where they usually find out about important community information or events, TV was identified by the most respondents, followed by friends and neighbors.

When asked what kinds of exercise and nutrition programs they thought New Americans would be more likely to use, most respondents said group classes.

Survey responses regarding lead hazard awareness suggest that Healthy Androscoggin's Neighbor to Neighbor approach, which trains individuals to educate their friends and neighbors about health issues, has been successful in educating the New American community about lead poisoning hazards. The program is consistent with the communication preferences expressed by survey respondents as well as low levels of education: oral, highly visual rather than literate, and relationship based. 61% survey respondents (142) said they know what lead poisoning is.

36% (83) said they are aware of Healthy Androscoggin's lead poisoning prevention program, including 19 (8%) who have participated in the program. Lead poisoning was among the top common health problems identified by survey respondents.

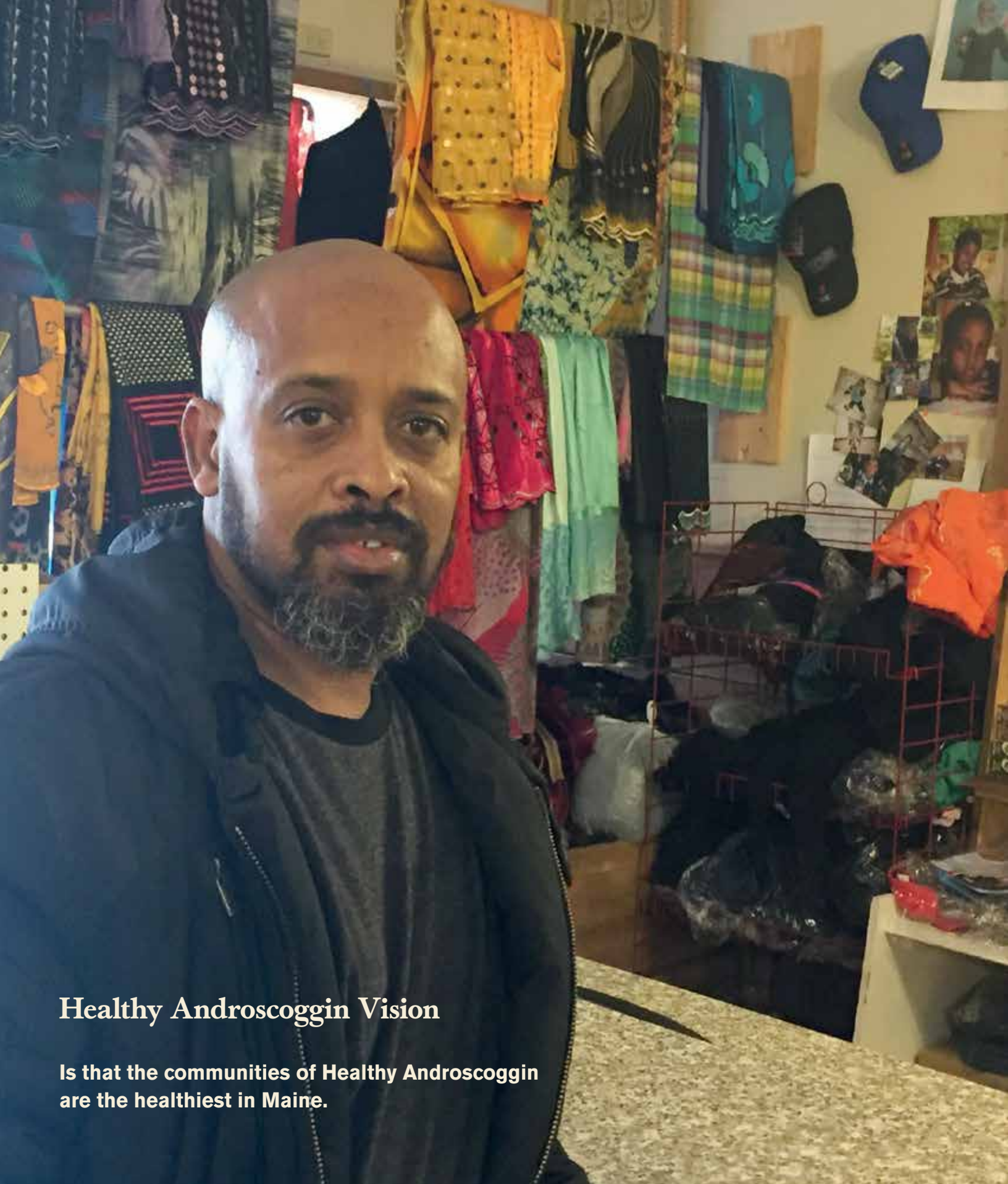
Acknowledgements:

This report was made possible with generous support from the John T. Gorman Foundation.

Healthy Androscoggin designed, conducted, and analyzed the survey results with assistance from the following people:

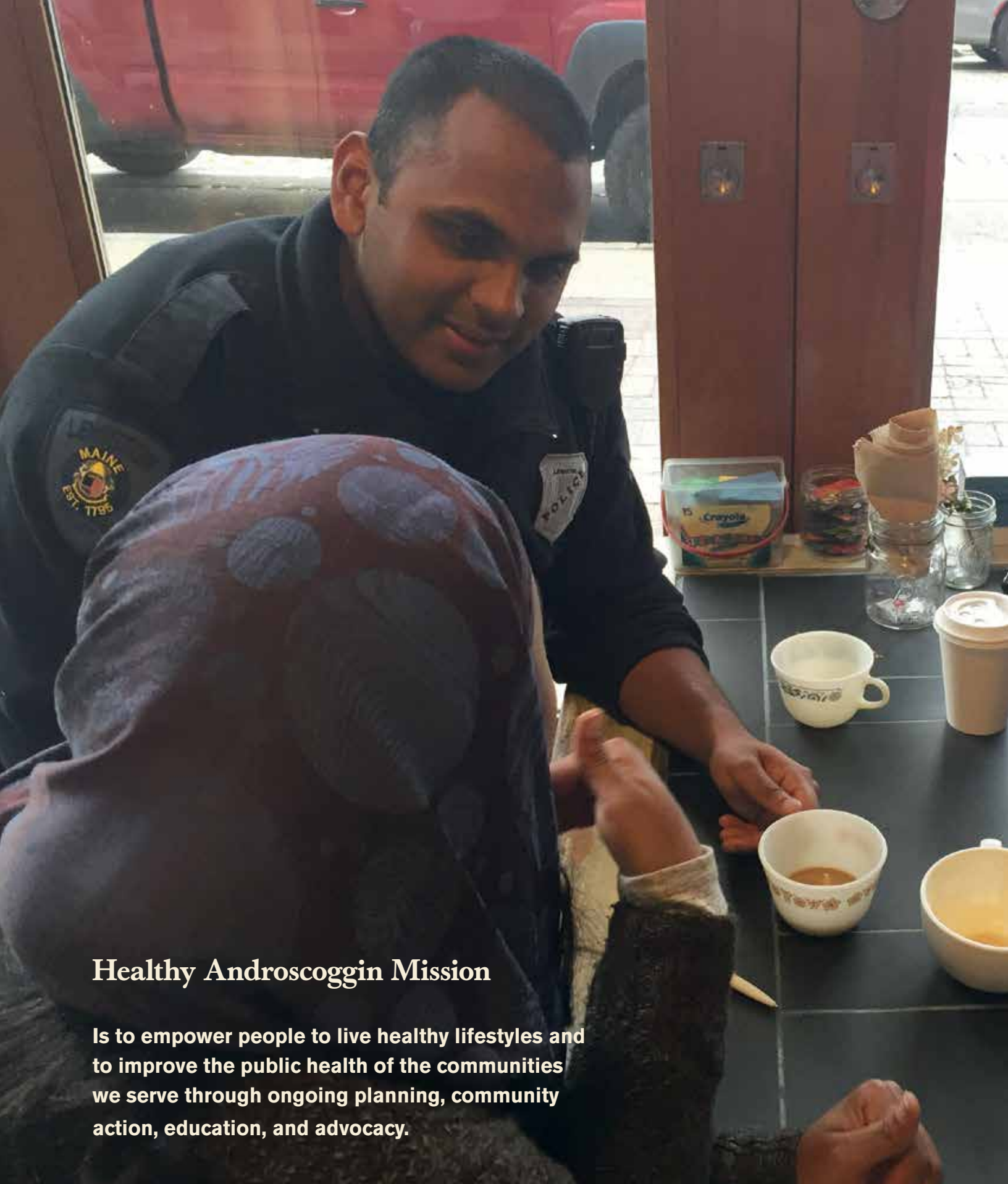
Shanna Cox, Consultant
Melissa Dunn, Neighborhood Housing League
Asmo Dol, Healthy Androscoggin
Kheyro Jama, Healthy Androscoggin
Erin Guay, Healthy Androscoggin
Dana Leeper, Healthy Androscoggin
Steven Johndro, Healthy Androscoggin
Laurie McDonnell, Women, Work and Community
David Harris, Tri-County Mental Health Services
Cassandra Atwood, Advocates for Children
Mia Pross, St. Mary's Nutrition Center
Tom Poulin, Auburn Community Resource Officer
Rose Hodges, Career Center
Fatuma Hussein, United Somali Women of Maine
Qamar Bashir, Catholic Charities Maine
Phil Nadeau, City of Lewiston
Sarah Curran, Planning Decisions, Inc.





Healthy Androscoggin Vision

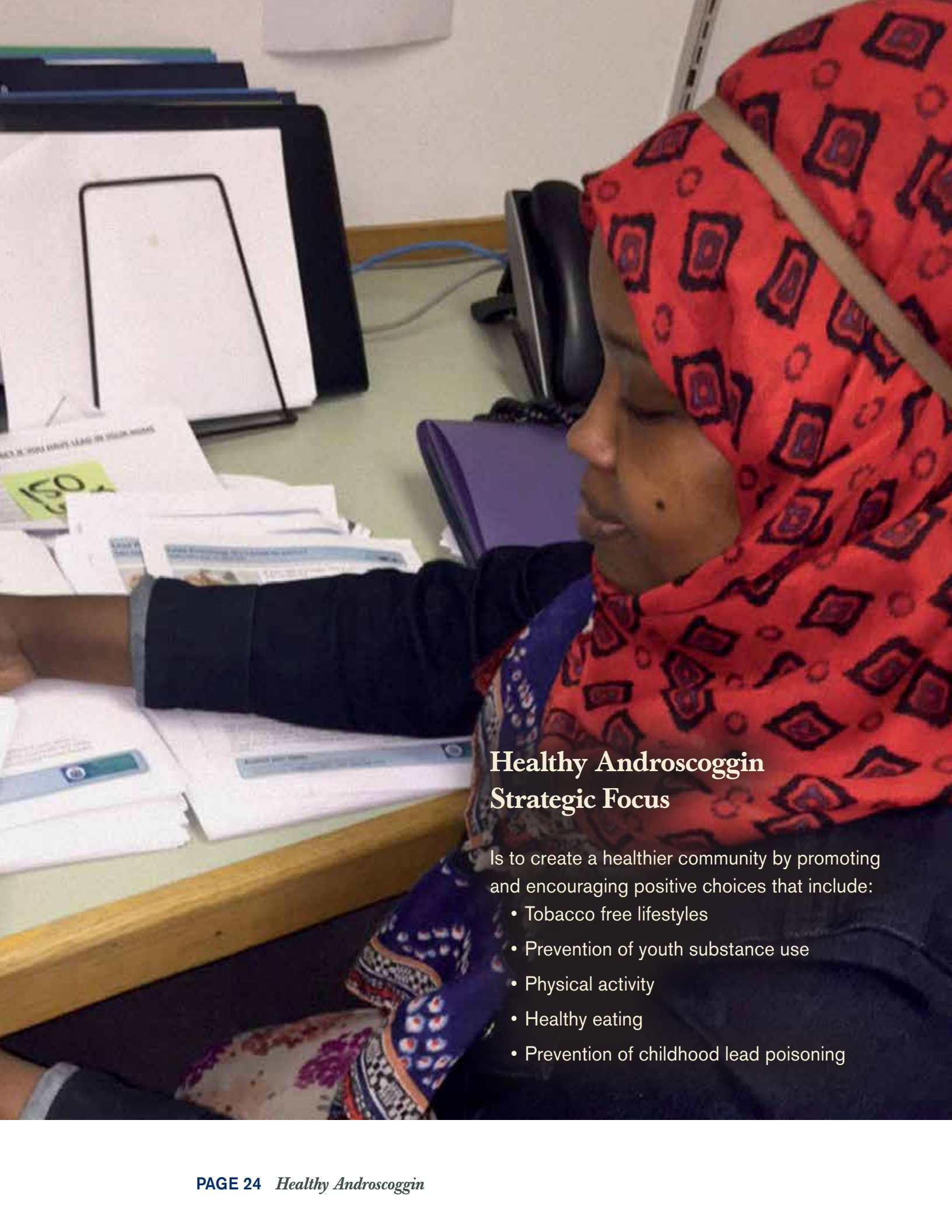
Is that the communities of Healthy Androscoggin are the healthiest in Maine.



Healthy Androscoggin Mission

Is to empower people to live healthy lifestyles and to improve the public health of the communities we serve through ongoing planning, community action, education, and advocacy.





Healthy Androscoggin Strategic Focus

Is to create a healthier community by promoting and encouraging positive choices that include:

- Tobacco free lifestyles
- Prevention of youth substance use
- Physical activity
- Healthy eating
- Prevention of childhood lead poisoning

