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## Podcast Interview Transcript

Karen Hye-cheon Kim Yeary, Sarah Miner, Sadiya Omar

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Welcome to Progress in Community Health Partnerships' latest episode of our Beyond the Manuscript podcast. In each volume of the Journal, the editors select one article for our Beyond the Manuscript post-study interview with the authors. Beyond the Manuscript provides the authors the opportunity to tell listeners what they would want to know about the project beyond what went into the final manuscript. The Associate Editor who handles the featured article conducts our Beyond the Manuscript interview.

In this episode of Beyond the Manuscript, Associate Editor Karen Yeary interviews Sarah Miner and Sadiya Omar, authors of "Using a Clinical Outreach Project to Foster a Community-Engaged Research Partnership With Somali Families."

*Karen Yeary:*

Sarah, Sadiya, thank you so much for agreeing to talk with me about your paper. I really enjoyed reading it. I think it's just a great contribution to literature, and thanks also for agreeing to answer a few questions just for our readership to understand the paper more. So, my first question is that the organization, Refugees Helping Refugees, they contacted the local home health agency so they could meet their own health needs, and then later this turned into a research project. So, I'm not that familiar with home health agencies and community organizations and how they work together. So, if you could just educate me some on does this happen often? If yes or no, is research usually involved? Could you please tell me more about what's common for both of you in your respective organizations?

*Sadiya Omar:*

Okay.

*Sarah Miner:*

All right. Well, Sadiya, how about I'll talk a little bit about the home health aspect, and then maybe you can talk a little bit about Refugees Helping Refugees. So, it is—I do think there's a certain amount that's unique about the experience Sadiya and I have had working together, but from a home health perspective, what was really happening for us clinically—you know, what we do in home health is we go out and we take care of people in their home, and we offer nursing services and physical therapy, occupational therapy, social work, and, mostly, these are people who are aging in their homes and they have health needs, and, so, what happened with us kind of on our side is that we realized there was a very diverse community here in Upstate New York where we live, and, in particular, there was a very large refugee community, but we weren't seeing them in home health. So, as a home health agency, we started to ask why, and, as we started to ask why, we started to kind of go out into our community and figure out who we needed to talk to to find out about aging refugee communities and what their health needs may be because it could be that they didn't need home health, and, so, in doing that, as a nurse, I went out and I met—I ended up meeting Sadiya because one of the communities that we knew was doing work was Refugees Helping Refugees.

*Sarah Miner:*

And, so, that's how I ended up there, and then maybe I'll just hand it over to Sadiya to talk about how Refugees Helping Refugees has focused on meeting the health needs of their community.

*Sadiya Omar:*

So, Refugees Helping Refugees from Somali community before we became Refugees Helping Refugees, and before we started Refugees Helping Refugees, I used to do a lot of home research—I mean, home visiting, sorry—and came to find out that our elder refugees in the community had so much need. They were so isolated in their homes when their young adults go to school and go to work, so, they were left by themselves in their home. They don't speak the language. They can't make a phone call. So, I go and they show me a prescription, and it's just a prescription about eyeglasses or maybe a cane—something very simple—and then I came to learn that they needed more help, especially when they admitted in the hospital and then they're released to go home, they didn't know that they needed nurses at home. So, that's how we started the program.

*Karen Yeary:*

I see. So, is it typical for home health agencies to do regular assessments to see what groups of people need to be targeted better?

*Sarah Miner:*

I'm not sure if it is typical, but I do think that probably what a lot of home health agencies are interested in is how to better serve the needs of whatever populations they are taking care of. And, so, in our specific example, the home health agency that I work with, I do think they're a bit atypical in that they really started to look as an agency at kind of cultural and population health needs and how that might affect elders in the delivery of home health services, right?

*Karen Yeary:*

Mm-hmm.

*Sarah Miner:*

But I think that is not just about—how do I say this? It's not just about sort of feeling good, it's really about delivering better health care. And, in order to deliver better health care to whatever population you're taking care, you kind of need to think of the individual, but then you also need to think of the other things that are affecting their lives. And, so, if you're going to be taking care of any person, you look at their individual health needs, but then you look at kind of the community and the population that they're a part of and how that's going to affect the way you deliver care. Going into somebody's home is such a private and intimate thing. And, so, you really do need to understand what are the expectations of who shows up in the house, and that, again, like I'm saying, that can be for a Somali population, it can be for a rural population, an urban population. As home health nurses and home health workers, I do think we get very good at that, and I think our agency has recognized that when you do that—when you think about the population and you think about the factors that are affecting their health—you're actually able to deliver better services. And that's better for the agency and it's better for the people you're taking care of.

*Karen Yeary:*

Mm-hmm, and, Sadiya, you said that you saw this need in your community. Were you familiar with a home health agency before? I think—had you delivered care before or what was your familiarity with . . .

- Sadiya Omar:* Oh, so, I was a CNA—a certified nursing assistant—and I worked in a nursing home for a very long time.
- Karen Yeary:* Oh, so, that’s how you’re familiar with—
- [Crosstalk]*
- Sadiya Omar:* Yeah, so—
- Karen Yeary:* —the agency and what it offered. So, I’m just trying to gather in terms of how your experience can help others who may want to cultivate something similar, and it seems like you need like a health agency that is looking outward to be open to looking at the needs of population groups that they may have not targeted before. And it seems like from the community standpoint, you need someone at least familiar with the health care system and the existence of the home health agency some other agency. Would you say that’s correct?
- Sadiya Omar:* It can be correct, and it’s not only that—there are people from the community who have been health providers before they came to United States, but they only speak Somali and they can speak some English, but what matters is who the community trusts. You have to have somebody who is a leader that everybody trusts, and trust is a big issue.
- Sarah Miner:* And if I can jump in to and just sort of add from my perspective. I think one of the things that really has worked about this partnership is that the people involved in it are working to their strength. So, you have a home health agency that is very good at what it does in terms of home health care, but needs to learn more about some of the populations that it’s taking care of in order to be able to deliver those services. And, so, then you have somebody like Sadiya, who is very good at recognizing the needs of her community, but also knows and understands that she can’t deliver all of the health care services that the community needs. And, so, what you have is you have the two of us coming together individually, but both of the organizations we represent saying, “Okay, look, you know, I, Sarah, I’m a home health nurse. I can go out and I can teach about medications and I can figure out what other resources there are in the community,” and then you have Sadiya, who says, “Okay, I can help you get into people’s homes, I can help those people understand what you’re trying to do, I can help you look at language barriers, but I can also help you understand what they’re going to expect from you and what they know and don’t know.” And, so, really, that’s kind of the strength, and, so, when Sadiya talks about that trust in the community, you know I think—when we were talking about doing this podcast, that was sort of the most important piece that we could take away from why this worked. Because we—here I was as a nurse, but Sadiya, as a person, a community health worker, who understood health, but also understood and was trusted by her community helping us get access. And she taught the home health community about the Somali community, and she taught the Somali community about what home health was. Because both of us needed to learn about the other one.
- Karen Yeary:* So, it seemed like you two were the bridge to each other’s world, say, and *[Sarah laughs]* how was the trust built between both of you for you to be those bridges?
- Sarah Miner:* That’s a great question. What do you think, Sadiya?

- Sadiya Omar:* Where do I start? So, before we started the research, we had a lot of meetings. The way Sarah said, we had to train them as an agency to know the culture and to know when they go to their homes, what they can—the needs that they can meet with, and, well, Sarah was a nurse, so, I had to go with her and help her with the patients and tell them, “Okay, she’s a nurse, and she’s home health,” and then explain to them what home health agency is, and then tell Sarah who this family are—give her a kind of introduction to gain more trust before we do the research. I don’t know.
- Sarah Miner:* But I think maybe she’s asking a little bit about our relationship. Is that right? Like how we build—
- Karen Yeary:* Yeah, like, Sadiya, how did you know that—
- Sarah Miner:* —how we build trust with each other.
- Karen Yeary:* Yeah, Sadiya, how did you know that you could trust Sarah, and vice versa? [*Sadiya laughs*] Was it just a feeling or [*laughter*] like was it just—was it a process? Were you friends before.
- Sadiya Omar:* It was a process.
- Karen Yeary:* I mean, how—
- Sadiya Omar:* Yeah, it was a process when we’re started working together and can get to know what kind of a person Sarah was and the passion she have and she’s—I don’t know how to explain. She’s a wonderful person, and then I know that, oh, this person I can work with and I can take her to the community, and everybody in the community loved her.
- Karen Yeary:* Mm-hmm.
- Sadiya Omar:* Yeah.
- Sarah Miner:* From my perspective, I can tell you the first time that I saw Sadiya—I met Sadiya—it wasn’t about home health. I was going out into the community to learn a little bit about the community, and I ended up going to a woman’s group that was for women refugees in our community and they were giving talks about health, and they—so I went to sit in, and they said, “Well, as a nurse, maybe you can participate,” and Sadiya was speaking at that meeting, and I remember this feeling. I like watched her speak and she talked a little bit about her story and she talked a little bit about health and her community, and it was—I remember looking at her and thinking, “That is a person I really want to know, and I want to know,” and, also, that feeling like this is the type of community person I need to know. Like I need to talk to her; I need to ask her questions. And then the more work you do with somebody like Sadiya and with an organization like Refugees Helping Refugees, the more you want to because you just see how dedicated and what incredible like integrity and what incredible hard work someone like Sadiya puts into everything she does. And, so, I think what also happens is when you’re in a relationship with a person like that—a professional relationship—it brings out the best in you, right? So, watching how hard she works makes me also feel like I have a tremendous amount of responsibility and accountability.

- Sarah Miner:* And I will always—I'll just give you a short story, but—I'll always remember there was this one day we were going to go out and do some visits together. So, when we were working clinically, we had some Somali older adults who were on the schedule that day that we had to visit. And I called up Sadiya because I was going to go pick her up to come on these visits with me, and on the phone, she was just saying she wasn't feeling well and her throats hurts, and I remember saying to her, "Well, you know, if you don't feel okay, Sadiya, we can just reschedule and do it a different day," and on the phone, she sort of stops and she says, "Sarah Miner, I survived the refugee camp. People were trying to kill me. Do you really think I'm going to let a sore throat stop me to visit people who need me today? No. Come get me in twenty minutes." *[Laughter]*
- Sadiya Omar:* I remember that. *[Laughter]*
- Sarah Miner:* How are you not going to trust this person and work as hard as you can with this person, right?
- Karen Yeary:* So, it seems like, from what I'm hearing, is at least on your part, Sarah, you heard Sadiya speak, and you didn't just take any random person. You—
- Sarah Miner:* Mm-mmm.
- Karen Yeary:* —saw her speak, and there was passion there, there was—you saw some expertise there, you saw—it kind of seemed like an influential mover and shaker—like a serving leader—
- Sarah Miner:* Yeah, mm-hmm.
- Karen Yeary:* —for the community. So, you're very, I would say, mindful in selecting, in terms of who you'd like to work with in the community. It seemed like, Sadiya, on your end just from the process of getting to know Sarah and introducing her to members of your community, kind of have them scope her out it seems—*[laughs]* ways you can tell during that process of working together that she was genuine and that she really—
- Sadiya Omar:* Yeah.
- Karen Yeary:* —wanted to improve the health of your community. So, that seems to be at least what I'm getting from—
- Sarah Miner:* Yeah.
- Sadiya Omar:* Mm-hmm.
- Karen Yeary:* —kind of nuggets and maybe other partnerships can—or even budding partnerships can gather from this.
- Sadiya Omar:* And then something I like about Sarah Miner is the relationship she built with her patients. I remember one of her patients passed away suddenly and she came to the funeral, and that was a huge thing to the community. So, it's not only that she was there just to take care of them; she was there when they had hard times. To be there for them.

*Sarah Miner:*

And I'll add—because Sadiya and I, when we talked about this—and you can sort of see this in the paper a little bit, too—that community engagement part was something that I really learned it's an ongoing expectation. And it's also the investment that will give you kind of the most return. They, as a community, really expect community engagement everywhere. So, you are there nurse, perhaps, and I wasn't the only person taking care of the community. There are people there, too, from our home health team, but whether I was going there as a nurse or going there to do research, what they sort of expected is that you're going to be present in the community always, right? And that's a balance you create, but it also really means that when we went there first clinically and you're there establishing your relationship with the community as a nurse, your ability to go back and do research like we did really is based on kind of that first trust—that first communication. You're always building a foundation that then will allow you to be able to do more work in the future. If we had done our clinical work and not done it well, there is no way we would've been able to go and do research there, right?

*Karen Yeary:*

Mm-hmm.

*Sarah Miner:*

But that clinical relationship we had that people knew us and sort of had seen that we were dedicated to the community meant that later when we wanted to do research, they were more willing to do it. Even when research in and of itself was sort of a foreign idea to many of the people we were talking to. Because we had that trust to begin with, they allowed us to kind of teach them about what research was going to be and it's expectation and then do the research with the community.

*Karen Yeary:*

Mm-hmm. So, I'm coming from the standpoint of a researcher. I always tell people, "I'm the useless doctor. I'm the *[laughs]*—I'm the PhD, not the MD," *[laughs]* and, so, how about if someone like me would like to do research? I also have a heart to improve like community health, and I wanted to work with a home health care agency or other type of—what would you recommend because I can't provide clinical services first. How would you guide someone like me who would like to contribute what I can, even if it's not healthcare—not being a healthcare provider?

*Sarah Miner:*

Well, what would you think, Sadiya? If somebody wanted to come out and work with you guys, what would you tell her?

*Sadiya Omar:*

I can just remind you of some of your patients, Sarah Miner. *[Laughs]* When we went to visit some of the patients, well, they had one of the doctors that they really loved, and she had to move to Colorado. And when I thought came to United States is that I forget she was my doctor. So, then, they said, "Dr. Caro had time to talk to us and get to know us." So, it's like they don't just want you to be there like a doctor when you—let's say I'm a patient and I walk in and I say—and the doctor ask me, "Why you here today," and I said, "I have earache," or, "I have stomachache," and then he starts prescribing medicine for me. They really hated that.

*[Crosstalk]*

Sarah Miner:

*[laughter]* Because they want somebody who can say, “How are you doing? How is the family?” Just get to make me talk and get to know me just two minutes before you just want to know why I’m there. So, it’s always good to build that small relationship, and then they—you gain the trust from them, too.

And I would add to that: that whole piece I said about working to your strength—researchers, we have tremendous strengths. You are, by far, not useless, right? We have tremendous strengths, and, so, I think the piece to do—recognize what your strengths are and you’ve got to put yourself out in the community and you’ve got to say, “This is what I have to offer.” And, listen, in my case, I wasn’t sure what I was going to do, but I put myself out there. And then Sadiya and the Somali community, they decided how they need me, right? And the strengths that you have as a researcher or whatever you’re doing, they are strengths and oftentimes they can match really well with capacities that the other communities don’t have. So, we’ve seen this a lot here, too, that the Somali community here, they are organized, they have tremendous community skills around supporting each other and communication, but they didn’t necessarily have medical skills, and they didn’t have research skills. But they see the benefit of research, especially because it’s something that can translate into grant writing and helping them continue to build capacity in their community. So, I think if you really want to do that, that’s the best way to approach it. Get yourself out into the community and tell them what you have to offer.

Karen Yeary:

Mm-hmm. Oh, gosh, I know we’re supposed to keep this on the shorter side and we have one minute before twenty minutes. *[laughter]*

*[Crosstalk]*

I could talk to you all—oh, I’d love to talk to you all for hours, but I don’t think our podcast *[laughs]* listeners would appreciate that. So, I will try to sneak in one question *[laughs]* for you to answer—

Sarah Miner:

Okay.

Karen Yeary:

—maybe on—and I’ll try not to ask follow up questions because you’re just so interesting. So, it seemed like just reading your paper that the Somali community health worker played a really instrumental role in the success of your project. It seemed to me like it was a cornerstone role, and my question was for others who want to do similar work where you see clinical healthcare providers working with communities. What would you say are like kind of the bare bones of what you need—what you should be looking for community health worker because I know in your paper, like the community health worker was a Somali community leader, certified nursing assistant, like she had a lot of great qualifications, and I guess I’m just thinking of other communities who may not have that—like it—can there be other criteria or is that the criteria like you must have? It’s kind of like what are the must-haves and what are like the wish list for a community health worker if they decide to kind of use your study to model off of something that they would like to do?

Sarah Miner:

What do you think is the must have, Sadiya?

Sadiya Omar:

Involve the community.

- Sarah Miner:* Mm-hmm, and the community health worker, what do they need to have?
- Sadiya Omar:* People they trust.
- Sarah Miner:* Yeah
- Sadiya Omar:* You can have a leader and you can have a, let's say, a community worker, but that the people don't trust. You have to look for a person that the community can work with and trust.
- Sarah Miner:* Mm-hmm. I would say—
- Karen Yeary:* How can you tell if the community—oh, I'm sorry. Sorry. *[Laughs]*
- Sarah Miner:* Oh, I was just going to add—yeah, I was going to add—and I think that's essential, and I think the other pieces—when you say the wish list, like having research background. You can teach somebody about research. It'll take a little longer, but you can do it. Really being able to have somebody that's the community trusts, though, that's essential, and it's really important to not make the mistake that just because somebody is of a community and because somebody speaks two languages that that makes them a community health worker.
- [Crosstalk]*
- Now, community health workers, yeah, have real important skills in reaching out to the community. That's the most important.
- Karen Yeary:* What are the tangible things that someone can look for that would indicate that the community trusts this person?
- Sadiya Omar:* When you go to the community and talk to them, they'll tell you the person they trust. They'll always tell you. You can take the person, they'll say, "We don't want this person." There's one person in the community or two that they trust. They'll always tell you who.
- Sarah Miner:* Mm-hmm. I think, too—
- Karen Yeary:* Oh, so, it's that simple. You just ask and they'll tell you? *[Laughter]*
- Sadiya Omar:* It's not that simple. You go to the community, have a meeting with the community leaders, have a community with the people, and they'll tell—and you'll ask them, "Who do you think we should work with?" They'll point a finger.
- Karen Yeary:* Okay. Okay.
- Sarah Miner:* And I'd say it's actually a lot easier than perhaps people think. The hardest part is when you are of the community getting yourself in there to look around and talk. So, the hardest part for me was just . . . I had to kind of look around in my community and say, "Where are the refugee groups? What are the refugee leadership groups," and then I had to get myself out there, but Sadiya's right. The leadership—they often sort of rise to the top, and the community is actually very good at deciding who they think is the right person.

- Sadiya Omar:* And I can add to what Sarah said. Right now, with Refugees Helping Refugees, we have a lot of volunteers here and they're Somalis, but whenever somebody walks in their door, they'll come in for only one person, and if that person is not there, they'll say, "Oh, this person is not today. I'll come back," and they ask them, "How can we help you?" "No, no, no, we trust her because we know she will make sure that whatever she starts, she will finish it."
- Karen Yeary:* Well, Sarah, Sadiya, thank you so much for—I'd love to ask you a lot more questions. I'm afraid that *[laughs]* I think we're out of time, but thank you so much for taking the time to talk with me. You've really made me smile—
- Sarah Miner:* Wow.
- Karen Yeary:* —just hearing you just give a lot more rich information about your paper, and it's just—I don't know, it just gives me a lot of hope to know that there's partnerships like yours out there making a difference in your communities. So, I applaud you for that. So, thank you very much for your time.
- [Crosstalk]*
- Sarah Miner:* Well, thank you so much for featuring us. We really appreciate it.
- Sadiya Omar:* Thank you.