

Mental Health and Disability of Eastern European Religious Refugees in MN

Study Proposal 08.08

1. Describe your project idea, including clearly defining the problems and specific policy questions to be addressed.

Eastern European Medical Society (EEMS) needs a forum to bring information about the health disparity of recent Russian-speaking religious refugees in the Metropolitan area to the attention of state, county and city policymakers. EEMS has begun working on a *Self-Reported Mental Health and Disability of Eastern European Religious Refugees in MN* and has some preliminary findings. As well, EEMS has been creating collaborations and building bridges into these closed communities of Fundamental Christians—quite a different Russian-speaking population than arrived in the 1980-1990s.

Objectives: EEMS needs a public forum to bring the health issues of Russian-speaking religious-refugees to the attention of state, county and city policymakers. For a number of reasons, this information is challenging to obtain.

EEMS has just begun to measure self-reported diseases, disability, subjective mental health and health services utilization of a representative sample of Eastern European religious refugees; to compare those data with the host population health and analyze what determines the difference.

As well, in the past two years EEMS has been able to quietly and carefully create coalitions and obtain this sensitive community information through the establishment of trusted relationships. EEMS has been a small but effective partner in creating coalitions and offering solutions because: 1) We are a source of respected and validated factual information on wellness and pain management and, 2) We have focused on chronic pain management and mental health issues.

These two issues unite many people, including people suffering from disease. They are two issues that keep people from being able to live and work a productive life. Addressing pain and mental health, allows us to create dialogues that ultimately address other issues of wellness. We believe our organization, successfully creates bridges over these barriers and increases access by the Eastern European immigrant population to needed medical and social services.

Methods: EEMS has created a culturally appropriate survey using a community based participatory research model, with Russian-speaking religious refugees. We have carefully engaged their church and community leaders—we can do this because we also speak Russian and have similar backgrounds.

In the fall of 2007 we validated the survey, based on one developed by the Karolinska Institute in Sweden to address the cultural challenges of people relocating to Minnesota.

Expected results: Although the former Soviet Union and other communist countries experienced universal health care coverage, there was little emphasis on promoting a healthy lifestyle, mental health and disability prevention. We would expect to see unhealthy behavior with heavy cigarette use, alcohol abuse, poor dietary intake, little attention to physical fitness, and high disability level. As with any immigrant group, an understanding of the potential health conditions, cultural values and having a realistic data on health status and disability can facilitate appropriate medical care.

We also see evidence of religious persecution. The community as a whole, and individually is quite wary of interfacing too much with the mainstream community. Religious leaders want the freedom to create a closed community. Yet in the areas of pain management and medical supports, this goal is not realistic. People arrive at emergency rooms and clinics in extreme distress, with advanced stages of unmanaged disease or chronic ailments, and with mental health issues that impede their ability to live and work in society.

We have started, and are continuing to study objective data related to various health conditions requiring treatment and rehabilitation, identify the need in interpreters, community health education, preventative self-care and vocational services.

2. Why is this problem important?

Background. A mass influx of immigrants from the former Soviet Union to USA followed the demise of the Former Soviet Union (FSU) at the end of the 1980s. The initial Russian-speaking religious refugees and immigrants to Minnesota were Jews fleeing persecution. However, the types of religious-refugees changed dramatically with the collapse of the FSU in 2001.

The Minnesota religious refugee and immigrant community of people from the former Eastern Bloc, is one of the largest in the United States—some have suggested it is as large as 239,000 or as small as 15,000. We believe that at least 60,000 people rely upon their heritage language, or on the unifying Russian language for life-supporting information. Wilder Foundation research indicates that only 13% of the Russian immigrant population can speak and understand English well. The Minneapolis Foundation identifies translation needs for medical purposes as a key emerging issue. Apart from the language barriers, other documented sources of stress for these immigrants include: separation from family and friends, difficulty in attaining new employment and homesickness. Even the younger generations, particularly those who belong to conservative religious groups, remain unfamiliar with innovative methods and achievements of American medicine and physical, social and emotional services. They are suspicious of Western ways; they refuse the necessary treatment and often use familiar, but potentially dangerous, medications and cures brought from their home countries. They retain their suspicion, and their disdain for the American medical community. They live with pain, mental health conditions and disease until these conditions become acute and difficult to treat.

Being one of the most loyal and supportive states, Minnesota sheltered thousands of religious refugees from Post Communist countries. Local churches and synagogues invited people who were persecuted in the Communist countries: Baptists, 7-th Day Adventists, Jews, Russian and Bulgarian Orthodox Church representatives, Serbian and Albanian Muslims. This diverse community consists of a variety of ethnic groups including Slavic nations (Russia, Poland, Slovenia, Bulgaria, Serbia, etc), Baltic Sea nations (Latvia, Lithuania, Estonia and Southern Russian) and Asian ethnic groups: Armenians, Georgians, Azerbaidjanians. In the former Soviet Union there were 15 official nationalities and up to 230 sub-nationalities; almost all of these groups are now represented in the State of Minnesota. Despite their ethnic diversity, their Russian Slavic culture and Russian language united these people. The Communist Party and totalitarian Communist regime forced these populations to accept the Russian culture and to ignore their own heritage. Even people from "brother republics" (Poland, Czech, Slovakia, Romania, Bulgaria, etc.) can speak Russian because their governments made the study of Russian language mandatory.

EEMS believes that medical access has been made worse for people who previously lived under totalitarian forms of governments. The Russian medical system operated with outdated methods of treatment and with poor medical supplies. Doctors used old medications with significant side effects. Barriers to medical health included:

- Justified suspicion of government and medical institutions,
- Physical effects of torture or confinement of individuals who supported non-communist principles,
- Inappropriate work forced upon disabled people that barely sustained them and crushed their spirits,
- And in this country the startling cultural and technical differences in the delivery of medical service in a western system compared to medical care in Eastern European societies.

3. How could the Citizens League make a unique contribution?

The Citizens League can help create a coalition with the St. Paul Foundation, EEMS, and other partners like Hennepin Faculty Associations, Russian Baptist, Pentecostal, and Adventist churches, and other communities to create a forum for the understanding and exchange of ideas. EEMS is primarily a

volunteer organization and does not have the resources, even with a grant, to create such a forum. Part of the forum would be the development of networks, exchange of ideas, recommendations, the creation of informational pieces, and action steps to address these issues.

4. What are prospects that project would yield recommendations that could be implemented and have a major impact on the problem?

We believe that we have some preliminary local data that can support policy recommendations. We have access to national and international data, and have made inroads to the unique communities in Minnesota.

5. Explain how this problem can be addressed by data, research, and reason? Identify probable sources for data and research.

EEMS has created a survey (70 questions) that because of its sheer volume is perceived as being highly important in the Russian-speaking religious community. Anonymity is critical for factual information, and these protocols have been built into a study being submitted to the National Institute of Mental Health. While pilot studies have been run to create this survey, a full project should be underway next June 2009. Our goal is to begin to cultivate dialogue, understanding of the issues facing many of the 60,000 in the Twin Cities, and create strategies that will be reinforced with data sets. We believe that the Citizen's League can assist with aspects of this going forward, particularly in identifying policymakers in geographic areas that are key for this population.

6. Explain how this proposal can be framed without partisan bias.

The recent Russian-speaking religious refugees do not have a partisan bias. As Fundamental Christians now embracing democracy after years of persecution, they should appeal equally to both sides of the aisle. As well, the solutions to these problems do not necessarily require a greater amount of public funds. Many of the refugees are gainfully employed, many in entry-level low skilled positions. However, they have access to insurance but they are under-utilizing this opportunity. As well, simply knowing if there are 239,000 or 15,000 people would help policymakers. Because children are home-schooled, secondary-migration is significant, and community members don't typically interface with main stream Americans, the size, breadth and understand of the needs of individuals within this community now can only be speculated.

7. Why would this project be attractive to members?

We would hope so

8. How would this project reach out to under-represented segments of the community?

Yes

9. What is the potential for making this issue visible to a broader public? Why?

Making this issue visible to a broader public is secondary to making the issue visible to policymakers. However, to make significant changes that improves health disparities, or addresses culturally appropriate services, the general public, or certainly segments of the general public must be engaged in conversations. These dialogues must be carefully developed and monitored. These issues are probably significant to people in Shakopee (home to the largest Russian Baptist Church), Anoka, Eagan, and parts of St. Paul and Minneapolis.

It will be important not to pit the needs of Russian Jews against the current needs of Fundamental Christian refugees. Currently most of the Russian-speaking services have been build over 20 years in Jewish organizations. Oddly, even persecuted Christians seem to have some anti-Semitism. As a caring community, it doesn't make any sense to disband the services and professionals of the state's Jewish

Family and Children's Services because they may or may not be appealing to Fundamental Christians.

10. What resources—funding, experts, etc. might be available to support this project?

EEMS is applying to the St. Paul Foundation for a grant which would include a public forum. It would not be a lot of money, but it would allow EEMS to have some paid staff time in helping to create the forum.

EEMS has access to a wide range of experts including local physician who speak Russian and seek patients in their clinics. However, the catalyst for all of this is Dr. Elena Lev Polukhin.