

Buffalo's Refugees: Cultural Competence, Health Care, and Theater

Kai R. Wasson, Department of Anthropology

Faculty Advisor: Dr. Phillips Stevens
Community Liaison: Rahwa Ghermatzian

Abstract

The refugee and immigrant population in Buffalo has been rapidly increasing in recent years, despite the fact that the overall population has been decreasing since the 1950s. These trends are drastically changing the demography of Buffalo, which now has growing communities of people from such places as Iraq, Myanmar, Somalia, Bhutan, Sudan, and Puerto Rico. The health care system is not currently equipped to effectively handle this growing diversity.

Rahwa Ghermatzian, a community health worker, in conjunction with The Ujima Theatre Company, produced a story-telling production aimed at empowering immigrant and refugee women by allowing them to speak of their experiences of coming to Buffalo and their encounters with the biomedical establishment in front of an audience.

The rationale of this project was that the articulation of experienced issues regarding the health care system, integration of community support networks, and empowerment of the communities through this presentation would help initiate the momentum needed to create large-scale social change and, ultimately, significant reforms in the health care system.

Key Concepts

The World Health Organization defines the **social determinants of health** as the conditions in which people are born, grow, live, work and age, including the health system. Some examples of social determinants are socio-economic status, levels of education, job environments, health insurance, and racism. These social determinants result in avoidable inequities in health between groups of people both within and between countries.

One strategy being implemented to deal with the growing immigrant and refugee population nationwide is usually referred to as "**cultural competence**." According to the US Department of Health and Human Services, cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.



The Problem

The increasingly diverse patient population in Buffalo, coupled with the negative effects of the social determinants of health, have resulted in barriers to the access to and effective delivery of health care services to recently arrived refugees and immigrants.

The American biomedical establishment is based on a consumerist model of health care, where individuals are considered to be their own health managers. However, many refugees and immigrants have little to no experience navigating the bureaucracy of the biomedical establishment as individual consumers.

Cultural competency is a strategy being used to train medical students on how to handle cross-cultural situations in a medical setting. The top-down implementation of this strategy in medical schools and organizational settings is characterized by an essentialization of culture and the unrealistic expectation that doctors become experts in the medical cultures of any given patient that they may come into contact with. This essentialization may work against the mission of cultural competence and worsen health disparities. Actors within the biomedical establishment must also realize that this very institution also operates from its own very particular cultural environment, which needs to be acknowledged if improvements are to be made in cross-cultural communication.

Starting a new life in the United States is not simple process. Support networks among ethnic communities, as well as among the larger community, are essential for successful acculturation into American society. These networks require organization and cooperation with other support networks if those communities are to be able to sustain themselves and take control of their own living circumstances.

Methodology

I searched the academic literature for the role of theater or performance in aiding the acculturation process to the United States. I could not find any previous study done on participatory theater and refugee acculturation in the United States. I therefore relied on research done on issues surrounding the focus of my own study. These issues include the social determinants of health, the growing diversity of the US patient population, and cultural competency initiatives as one approach to overcoming the social determinants of health.

I carried out participant observation at the Ujima Theatre Company, a community theater that often engages in political theater and social justice performances. I took part in the production of the story-telling event *Unheard Voices: Giving Voice*, from its inception to its presentation.

I conducted formal, open-ended interviews with the participating women. I asked them about how their life goals have changed as a result of leaving their home countries to come to the United States, whether or not they view Buffalo as their new home, and how they've changed as a result of participating in *Unheard Voices: Giving Voice*. I also interviewed the theater members who produced this event about their observations and experiences working with the participants. Finally, I conducted informal interviews with a few notable audience members about their opinions of the event and what they believe needs to happen in order to move forward.

Unheard Voices: Giving Voice

This story-telling presentation was produced by the Ujima Theatre Company. *Ujima* is a swahili term that means collaboration and responsibility. The Ujima Theatre Co. engages in theatrical projects involving social justice and provides a space for the voices of marginalized people from the US and around the world.

Unheard Voices: Giving Voice was a presentation comprised of refugee and immigrant women from all over world who spoke about their experiences coming to the US and their encounters with the health care system. First there was a 45 minute guided dialogue between the participating women and a moderator, which served to educate the audience about the experiences of the women and highlight specific problems in the health care system.

Unheard Voices: Giving Voice continued

After the dialogue there was a 30 minute Q&A period. During the Q&A, audience members could ask questions to the participants or to a panel comprised of doctors or leaders from Buffalo's various communities and organizations.

Conclusions

For the refugees, participation in the production of *Unheard Voices: Giving Voice* contributed to a greater sense of inclusion within Buffalo's community at large, increased their confidence regarding life in Buffalo, aided in articulating their goals for the future, and further developed support networks within and between refugee and immigrant communities.

Representatives from various organizations, such as the UB Medical School and Springville's Performing Arts Center, expressed interest in hosting this presentation for their own audiences.

The Ujima Theater Company has developed a model for educating the public that serves to simultaneously highlight specific issues regarding the health care system, provide an environment for direct dialogue between different groups in society, and develop possible solutions.



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