



Isuroon

Food Safety & Cultural Norms: Focus Groups with Somali Women

June 2014



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Acknowledgements:

Isuroon Project provides health education, communication, and advocacy. The organization promotes health equity and literacy and helps Somali women to build self-sufficiency and maintain healthy lives.

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EXECUTIVE SUMMARY

In recent years, several outbreaks of foodborne illness have occurred that have been associated with live animal markets throughout the United States, including Minnesota. Live animal markets are establishments that sell and slaughter animals for individual customers. Several live animal markets operate in Minnesota. The clientele of the markets are diverse with Hmong, Latino, and Somali patrons making up the majority of the markets' customer base. While the Minnesota Department of Health (MDH) and Minnesota Department of Agriculture (MDA) have worked with the live animal markets to develop educational materials and implement disease prevention measures, much is unknown regarding the food handling practices both at the live animal markets and in the homes of the populations who frequent these establishments.

As part of this study, the Minneapolis Health Department (MHD) hired culturally-specific contractors to conduct focus groups with Latino and Somali residents of the Twin Cities metropolitan area. Isuroon was contracted by MHD to carry out the study. Isuroon collaboratively developed an approach for recruitment of participants and held four focus groups in Minneapolis. A total of 30 Somali women residents primarily from the seven county metropolitan area participated; all were over the age of 18 and were asked to sign a consent form. Focus groups were held February through mid-April 2014.

This report summarized the results from four focus groups of Somali women whom Isuroon recruited to provide information about their knowledge of foodborne illness and their specific practices of handling meats from slaughter houses.

The major lessons learned include the following:

- There were clear gender roles. Family and social structure dictates that men buy the meat and give the meat to the women, who are responsible for processing and preparing the meat. The cleaning and preparation of the meat is all for the women. *It is important to note that 68 percent of Somali households in Minnesota are female-headed households. Therefore, the women do all the purchasing, processing and cooking the meat.*
- The participants often wanted to know if the facilitator was asking how "I" do it or how "we" do it in "our community." If the facilitator asked about them personally, then the responses that were given appeared to be confined within the "perfect script." It was not until later in the focus groups that participants started to open up and talked about what they did personally. This was common across groups.
- Frozen versus fresh meat was an important theme. In Somalia participants mentioned that they would hang the animal up in a tree and clean it outdoors. Here they must clean the animal indoors but the kitchen sink is too small and they have to lay down plastic on other surfaces. They talked a lot about how frozen meat tastes awful.

- The focus group participants said that they usually purchase beef and goat meat at halal stores or slaughterhouses and purchase other meats (chicken) at mainstream grocery stores.
- The focus group participants generally understood how to prevent foodborne contamination: clean preparation area, refrigeration as soon as possible, and not leaving food out in room temperature for too long.
- Participants were concerned about preservatives used in food in the US that were not to their knowledge used in Somalia. There they purchased meat that was freshly slaughtered from sources they knew and trusted. Are preservatives causing cancer? The concern was not for them but for their children.
- There was little mention about the refrigeration of meat after they were purchased from slaughterhouses. In other words, there were no instructions/guidelines from these facilities about how to preserve the freshness of the meat or how to prevent spoilage. Very few mentioned bringing iceboxes to use during transport from slaughterhouse to home.
- Whether a safety standard for bagging meat at slaughterhouses exists remains unclear as some participants talked about each bag from the slaughter house being too heavy to carry and additional bagging/handling was necessary.
- Lastly, focus group participants requested to have additional opportunities to learn about how to handle food so that their families can stay healthy. Additional forum, one-on-ones and community classes seem to be the desired ways to learn. Subjects could include learning more about best ways to defrost meat, the correct cooking temperature, and reading labels.

FULL REPORT

Section I: Background

In recent years, several outbreaks of foodborne illness have occurred that have been associated with live animal markets throughout the United States, including Minnesota. Live animal markets are establishments that sell and slaughter animals for individual customers. Several live animal markets operate in Minnesota. The clientele of the markets are diverse with Hmong, Latino, and Somali patrons making up the majority of the markets' customer base. While the Minnesota Department of Health (MDH) and Minnesota Department of Agriculture (MDA) have worked with the live animal markets to develop educational materials and implement disease prevention measures, much is unknown regarding the food handling practices both at the live animal markets and in the homes of the populations who frequent these establishments.

As part of this study, the Minneapolis Health Department (MHD) hired culturally-specific contractors to conduct focus groups with Latino and Somali residents of the Twin Cities metropolitan area. Recruitment was based on the following selection criteria: 1) an adult 18 years of age or older; and 2) had visited a live animal market to obtain meat, or 3) had experience with preparing meat at home that had been obtained from a live animal market or other venue, or 4) had worked as a food handler in a food service setting.

Isuroon works mainly with Somali women and works to build trust and strong relationships in the Somali community. The organization has set rules/processes to engage community residents. The organization has monthly scheduled meetings during which its director talked about the project and explained what the purpose was. Because Isuroon has led other focus groups, questions arose about why Isuroon was doing another research project and what its purpose was. Once the project was introduced to a broader group, an outreach worker was selected to recruit the research participants. The outreach worker specifically recruited women community members who shopped for meat or prepared meat from a slaughterhouse. The outreach person received orientation about the recruitment requirements of the research participants in both Somali and English. Word-of-mouth was used as the main outreach method and Isuroon was able to find participants successfully. Recruitment was made easier by the relationship Isuroon already had with the Somali Community and the recruiter who was well respected and trusted person. Isuroon's most common strategy is to work with its audience side-by-side, which builds trust and collaboration.

The MHD, MDH and MDA will use findings from these focus groups to inform the development and implementation of public health intervention strategies that work to prevent and control foodborne illness in the Latino and Somali communities and, more specifically, live animal market patrons.

Section II: Methodology and Limitations

The focus group participants were from the Twin Cities, including south Minneapolis, Hopkins, Burnsville, St. Paul and north Minneapolis; one participant was from Wilmar in western Minnesota. Isuroon held all the focus groups at its office located in south Minneapolis at the Sabathani Community Center because participants already knew the location and office.

Focus Group Summary	
Site Name/City	# Female Participants
FG Site 1/Minneapolis	8
FG Site 2/Minneapolis	9
FG Site 3/Minneapolis	8
FG Site 4/Minneapolis	5

Isuroon:

There were facilitators and note takers for all focus groups. Isuroon made a decision to conduct smaller-size focus groups so it held four focus groups with a total of 30 participants. Based on past experiences of holding focus groups, the maximum size should not exceed eight members. Following this process, which is the standard way of doing focus group, ensures that the translator can transcribe well.

There was a small technical glitch for the fourth focus group. Because the recorder was new, the information was accidentally deleted and the focus group had to be repeated. The six participants were very corporative so Isuroon did not have any issues of calling them back.

Isuroon translated and transcribed all of focus groups. It used a Somali language expert who is also fluent in English. He had worked previously transcribed other major community-based participatory researches projects. Isuroon has the transcripts along with the recordings.

Limitations:

The main challenge in conducting the focus groups is that Isuroon had to explain what is a foodborne illness. The executive director had to do more education up-front to explain why it was important to prevent foodborne illnesses.

There were questions about what will happen with the results. It put the organization in a bind by saying that there will be a report back to the community, even though there is no funding to do it at this point.

Section III: Cultural Understandings of Food and Foodborne Illness: Summary of Themes for Question 1

In general, the women in the four focus groups understood that people can get sick from foodborne germs when food is not stored, prepared and cooked properly.

Cleanliness. Most women were aware that the kitchen must be cleaned and that washing hands before handling food was a must. They also knew that food should be cooked as soon as possible after it was out of the freezer to reduce the development of bacteria that cause illness.

When I come home, I make sure I clear the kitchen counter top from other food and utensils. I put the meat when it's still in the big bags, in the sink and then portion them into smaller Ziploc bags. I do not wash the meat at that time, but only just before I am ready to cook it. (Group 1, Respondent 3)

Refrigeration. Food should not be left out in room temperature too long, nor should it be refrigerated multiple times. Some respondents thought that food should not be refrigerated longer than three days.

Reading Labels. Women also mentioned reading the label about expiration date of food. For some who had obtained food from the food shelves, there was awareness of looking at the expiration date. It is not clear from the answers if women were referring to the "sell by" date or the expiration date on food labels.

Most of the women had no formal education and one went to high school. However, this did not mean they did not have experience in handling food.

The following are quotes from participants that capture their understanding of foodborne illnesses:

I think foods that are left outside, especially beef or chicken meats, sometimes, overnight or longer, can be dangerous. I got sick once when I left chicken meat in the sink for long time. I had to see a doctor and I was told that the chicken I ate made the kids and me sick. So when you put food outside for a longer time or if it's stale food, you will get sick from it or the risk [of getting sick] is greater. (Group #1, Respondent 5)

I think the reason[s] why people get sick with food is because we live in a country where the air is not good. When we bring food home, we need to take care of it and put it in the freezer. When you are cooking, you need to make sure to cook it well. The meats are not the same, the camel and beef are different, and you have to cook beef long time, two hours. May be Somali community needs education in how to handle food properly. So proper cooking, storing the food not more than three days, the kids must be fed fresh food. (Group #2, Respondent 6)

If the food is not given proper care, for instance if it's outside a long time, and not saved in the fridge, it will go bad and one can get sick if eaten. If the foods that need to be washed, are not washed and are thrown into the dish, you can expect everything, including sickness. (Group #3, Respondent 2)

One time I ate food at a restaurant, I had a stomach ache and I was bloated. Later in the day, I vomited. My son, every time we eat at a restaurant, he gets sick. I buy food from the slaughterhouse; I bag them up at home. When I am ready to cook, I lay the meat outside for a while, sometimes a long time. (Group #4, Respondent 3)

Section IV: Meat Purchasing and Preparation Practices: Summary of Themes for Questions 2 & 3

The major difference that women talked about between purchasing food in Somalia and the United States centered on the frequency of purchase and availability of refrigeration. Because there was no refrigeration in Somalia, food was purchased for daily consumption. They said the meat was slaughtered daily and it was freshly prepared. People bought enough food, cooked and consumed it in one day. In Minnesota, women talked about buying food in larger quantities because food can be refrigerated or frozen, whether it was from Halal store, the slaughterhouse or grocery store. Also, any leftovers are stored in the refrigerator for later consumption. There were no comments about cleaning the refrigerators.

Slaughterhouses. Islamic religious practice requires the animal be slaughtered a certain way so many Somalis go to slaughterhouses to prepare their own meat or buy meat, especially around religious holidays and special occasions. Several people mentioned using slaughterhouses to prepare their own meat. More commonly mentioned was that people bought meat from slaughterhouses that was then placed in large plastic bags. Large quantities were divided once they brought the meat home. The leftover meat is put in the freezer or shared with other families.

I have been with friends to the slaughterhouse before and saw how they do it. I do not have a big family for such a large quantity of meat. The animal is slaughtered according to our tradition, we do follow the Islamic way of slaughtering. People normally bring bags to stuff the meat and when we bring it home, the meat is either used for celebration or if there is some leftover, we store it in the freezer. The problem comes from when the meat is left outside for a while or not properly storing the meat. Then, you can get the meat contaminated with bacteria. The people that I have gone with mostly got their meat for celebrations. (Group 2, Respondent 5)

Practices of handling and washing the meat varied. Most did not mention washing the meat before dividing it into smaller plastic bags and putting it in the freezer. There were two respondents who mentioned using gloves while handling the meat during the time they divided it into smaller bags. Focus group participants mentioned washing the meat prior to cooking it.

We use big bags. If it's cow meat, we split into portions for four families. The people at the slaughterhouse cut it up into good-sized [ch]unks, he even cut it into small pieces for *sukhar* [meat sliced into smaller pieces] and steak and will leave some with the bones. When it's ready, we put them in big bags, then we load them into our cars. I do not wash my meat, because I do not want to lose the flavors and the juice. I believe the little germs cannot stand the fire, when we are cooking. I wash the counter and use meat board to bag the meat up. (Group 4, Respondent 4)

When I buy my meat sometimes, I might stop by other places, for instance to shop, before I bring it home. I do not hurry back home. (Group 4, Respondent 3)

Food Preparation Spaces. Women talked about cleaning the kitchen counter, sink, or table, which they used to prepare food. Most used soap and water; some mentioned using bleach to clean the space. Plastic bags are used to cover surfaces. In one instance an older woman, who had a hard time standing, talked about cleaning the floor on which she spread clean plastic to process the meat.

Halal Stores. Most women purchase their meats at these stores because they are confident that it was done in keeping with the Islamic practices. Others were also aware that some of the meat from these stores has been frozen for a while and also came from Australia.

Women also mentioned that they like going to halal stores because the merchants speak their language and could answer questions they may have. In other words, the cultural competency of merchants reassured them that the food they are purchasing is in keeping with Islamic practice. They are trusted sources.

Some women specifically mentioned that they purchase goat and beef from a slaughterhouse or halal market. They buy chicken from other grocery stores.

We buy from halal grocery stores, because these are people that we share the same religion, so they have the halal foods that we wanted such as meats.
(Group #3, Respondent 2)

The main difference is the fact that you have firsthand knowledge with the meat you prepare at the slaughterhouse, that it's halal. Whereas the other meats from the grocery, one needs to trust the businesses that the meat is halal. (Group #1, Respondent 6)

Stores. Women purchased meat from the slaughterhouse and halal stores. Other stores where they purchase meat and other food include Holy Land, Sam's Club, Wal-Mart, Cub Food, Aldi, and Restaurant Depot.

There was a general cultural practice of sharing the meat with other families. Although this builds community cohesion, foodborne contamination can spread if handling and storing is not done correctly by people sharing the food.

Section V: Precautions Taken During Meat Transport and Preparation: Summary of Themes for Questions 4, 6, & 7

The most striking difference between food preparation in Somalia and the U.S. is daily purchasing and sourcing of the food. Food in Somalia was perceived to be organic, sold and prepared locally, by people from the same community. Without refrigeration, people bought only enough food for the day. Any leftover meat was given to neighbors, or left on a low flame or kept in butter, until the next meal. Cooking was also done outside in open space, not inside enclosed rooms and kitchens.

Because of available refrigeration in the U.S., people buy in quantity to freeze and refrigerate. Food is processed by meat processing factories in massive amounts, and is usually not locally sourced. Somali focus group participants seem to know that frozen goat meat comes from other places like Australia.

Some focus group participants believe foodborne germs come from other meats, for example, pork, that beef and chicken are set next to in the grocery refrigerators.

Women in the focus group believed that the halal method of preparation of meat means the meat is cleaner and healthier. Not all meats are processed halal, however, like chicken, which most buy at local grocers.

The truth is in Somalia we had fresh food and we would buy groceries by the day and cook the whole thing for the day's dinner. But here you have fridges. You can buy more grocery, cook some and store the rest. We did not have more incidents of food borne illnesses in Somalia, as it's the case here, I think it's because the food here goes through a lot of processes and even the air was cleaner back at home. (Group #4, Respondent 5)

I think everything is different, even people have changed. In Somalia no one would get sick even if we ate meat that we bought late in the evening. It was common in Somalia to sell fresh meat in the open market, they open early in the morning, so the earl[ier] you buy [the meat] the better the chance of cooking fresh meat. Everything we ate was organic, but here you eat food that was raised with fertilizers. In addition, the food also went through a lot of process and freezing. The truth is I do not cook food every day, I save some in the fridge for next day's consumption, but the food over there was organic and it's not in here, that is where the difference comes from. (Group 4, Respondent 1)

Among the women who mentioned going to the slaughterhouse to get fresh meat, the most common responses were to bag the meat in large plastic bags and divide it at home before freezing or giving it away.

In most cases, it seems like people bought in quantities they could handle, brought home the meat to process and freeze. There was only one mention of using a cooler to put the meat in

during transport. Participants mentioned that they should freeze or refrigerate the meat as soon as possible.

The following is an example of a woman who bought a large amount from the slaughterhouse and transported the meat using a moving van.

Respondent #2: I go to the Slaughterhouse, once every month and kill a goat for meat. One time I slaughtered a bull, do you know bull?

Facilitator: Yes, I do know and that is the male of the cattle.

Respondent #2: I was thinking it was not going to be that much meat, but I ended up filling ten big bags. It was *Id Ul Adha* (Islamic holiday) and was thinking of sharing it with the neighbors. I also had to rent out a moving truck to haul the meat. When I came home, I called out for help from the neighbors to unload it. The staff at the slaughterhouse did not cut up the meat small enough to handle it with ease, the whole place was full of blood, muddy floors with blood and there were also stains all over of our clothes. I am sure that meat had the potential of getting contaminated, but I did not hear back any complaints from neighbors that I shared the meat with (laughter). (Group #1, Respondent 2)

Focus group participants mentioned that they took precautions to clean preparation spaces at their homes where they divide the meat into smaller quantities before freezing or cooking (see previous section). The facilitator asked about the separation of utensils from the food. In most cases, women said they clean off the surfaces for preparing the meat. They mentioned cleaning all utensils, cutting board, and knives before and after use. In most cases, the meat was handled by only by one person, who packaged them in smaller bags. In a few cases, older children helped with this process. For the most part, women thawed the meat in the refrigerator prior to cooking. Most mentioned using water to clean the meat before cooking. One mentioned using hot water to thaw and wash the meat. One mentioned using vinegar to wash the meat.

Group 4 talked about *Odka*, small pieces of dried, deep fried meat that is stored in ghee for long term consumption.

Odka is great way of preserving meat, I did pack it all the way to California as a wedding gift, from Minnesota. But I think most of the illness that come from the meat if through *Odka*, that is because they leave outside like we used to do back at home, in my case if I make it I store it in the fridge. (Group 4, Respondent 1)

Section VI: Response to Foodborne Illness If Someone Gets Sick: Summary of Themes for Question 5

Women shared stories of getting sick or know of others who became sick from eating meat and other foods. In general, women knew not to eat food that has been sitting in room temperature for a long time or in the refrigerator for too long (“three days” was mentioned several times).

Some women talked about children getting sick from spoiled milk, eating too late, or eating too much.

The most common remedy women talked about was drinking water and lemonade, water with salt, or sodas (i.e. Canada Dry, 7-Up, Sprite, Coke) to settle the stomach. Others also mentioned taking the drinks with rice, pasta or porridge. If they are not feeling better, going to the doctor was mentioned numerous times.

I got sick a few weeks ago, from eating tainted chicken meat, it was few of us that got sick. We ate it from a restaurant and we all ended up vomiting and having diarrhea that night. It was the chicken only, but we thought it was from the Ethiopian pepper that they used to cook with it, this probably caused heartburns and gas that changed into vomiting and diarrhea. But we felt better later. We did not go see a doctor, we just drank water and ginger ale and felt better later. (Group 4, Respondent 5)

Section VII: Food Safety Messages and Information: Summary of Themes for Question 8

Methods of Communication. Word of mouth is an important way to share information. In general, women supported more group meetings (e.g. community forum in Somali) to share the information. One mentioned that influential leaders should learn more about foodborne diseases and they can share this with the community. It was not clear if the respondent meant that these leaders are Imams at mosques or other respected leaders.

Focus group participants mentioned wanting community education opportunities to learn more about the safe handling of food. The women preferred group interaction and specifically mentioned that they did not want flyers. Some mentioned that using TV and other media would be a way to disseminate information. Human interaction and verbal communication was preferred. The commonly cited methods included:

- One-to-ones
- Somali TV
- Workshops
- Conference calls
- Storytelling and oral language

Proverbs. Some interesting proverbs or cultural sayings were collected that may be useful in capturing the Somali community's attention about food preparation or consumption:

Group #1:

"Wax raagaa rag kuma sama," Stale things are not worth serving to men. You know Somalis have great respect for their men, so many sayings are used in the context of men, (Respondent 3)

"Wahsato wiil ma korsato" a lazy lady cannot raise a son. This will mean that if you have a lazy lady, that means she cannot clean the house and keep the house healthy. (Respondents 1 and 4)

Group #2:

"Dhito xun iyadaa ku murud la'a". This is saying that if one does not preserve milk properly, they might find out that there will be no milk at all later. (Respondent 8)

"Haddal aan laga fiirsan iyo caano aan fiiqsi loo cabin feerahay wax yeeleeyaan." It means if one does not think about what they are saying or how they are drinking their milk, it may hurt their chest. (Respondent 6)

Group #3:

"Nin la arko wixii uu cunnuu ciidmiyaa," meaning your physical abilities come from what you eat. (Respondent 6)

“Nin cir weyni cawo noolba qatan.” Someone with a big appetite is always hungry. (Respondent 3)

“Dhabsiiye dhaforkiisa ayey ka muuqataa.” It shows in your face when you eat well. (Respondent 5)

“Wixii jadiinka uu qariyo, jantaa warida.” Whatever your food hides, your body shows it. (Respondent 2)

“Cirkeed bogato iyo casir seexato ayaa ugu daran.” It’s not good motherly habit if you do not eat moderately and not sleep a lot, especially in the afternoon. (Respondent 1)

“Calooshiis la cayaar iyo ciil kama baxo.” For fathers too, it’s bad habit to only think about themselves, especially with what to eat and not to forgive. (Respondent 1)

Group 4

“ Nin soori qaadey waa nin seef kaa qaaday.” Greedy person is like one who died by sword. (Respondent 4)

“Hunguri weyni calool wayni ayey dhashaa.” Big appetite produces big tummy. (Respondent 2)

“ Wax raaga rag kuma sama.” Staled food is not worth serving to people. (Respondent 5)

“ Maroodi wixii uu mur ka gooyo, marorkiisa ayey ka go’an tahey.” When elephants eat excessive fruits, they have hard time defecating later.

Connected Efforts: Outside the purview of this effort are additional potential policy considerations that MHD may want to consider in partnership with community groups. Since there was no focus on the larger systems, participants also wondered about:

- Understanding the source of food;
- Access to healthy food and meats
- Affordability of healthy foods, including the use of WIC and EBT dollars
- For the environment for food preparation, there was no discussion about chemicals that may be in the home environment, (e.g. insecticides to get rid of roaches)
- This research project did not necessarily focus on Halal grocery stores which are a common source for meat in addition to live animal markets.

Section VIII: Lessons Learned and Recommendations Based on Findings

We need to do community forums such as this one and the community must be notified about the presentation, so that they can all come. Then the presentation can be done in there. (Group 2, Respondent 2)

Isuroon commends the Minneapolis Health Department (MHD) on taking this important step to involve community-based organizations in this research. It is important to note that Isuroon was not involved in the original design of the scope and purpose of the study. However, the organization had the opportunity to collaboratively develop the questions that were asked for the focus groups in the Somali Community. It recognizes the importance of always involving minority-led organizations serving their community. In this case, it would have been important to ask questions that included halal markets.

It will also be important to report back the results of this research to participants because many of them asked how they could learn about the results. It would give the participants the opportunity to comment on the final results and also contribute ideas about the use of the report. For example, Isuroon could hold community gatherings to inform the larger community about transmission of foodborne illnesses bought at slaughterhouses, halals and grocery stores. Additional funding would be needed to plan for these events, identify specific educational topics to discuss and structure them to get as many people to participate.

On-going involvement of community groups like Isuroon can help bridge the gap and build trust between larger systems and the Somali women regarding health issues concerning the MHD. We highly recommend that MHD continue dialogue and funding.

As a final reminder, any community-based participatory research should be community-led so partner communities can participate in the original design and development of the scope and purpose of research projects that affect their communities. Staff from government agencies can learn about the community by going to their events and understand the context of their work.

MHD should consider two policy practices, if they do not exist already:

- Review partnerships to include community-based organizations in research so that there is a better understanding of the cultural context of the work and the right research questions are part of the research from the start of the project.
- Report back to community members should be systematic and part of the cost of doing the work. There are numerous complaints by community members that so many people want to study their community but they never hear about the results of the work. It is important to loop back with the results and allow the community to comment on the findings. It also build the knowledge base of the community and builds trusting relationships with them.

Section IX: Concluding Remarks

Overall, the Somali groups want to learn and engage. The topic was new and was just introduced. They were excited/eager to learn more. Women really wanted more education and involvement.

Additional support to help with coordination, recruitment of participants, and material development is needed; this was outside the scope of the contract.

Appendix A:

Focus Group Discussions to Determine Food Safety Practices and Beliefs among Somali Live Animal Market Patrons and Food Handlers

RECRUITMENT MATERIALS — ISUROON

Telephone Script- Snowball Recruitment

Hello, my name is [Name] and I am calling on behalf of ISUROON. ISUROON, is a nonprofit community organization experienced in conducting focus groups with the Somali Community. ISUROON, in cooperation with the Minnesota Department of Health, the Minnesota Department of Agriculture, and the City of Minneapolis Health Department will be holding a focus group discussion on [date] at [location] to talk about food handling practices and beliefs among female members of the Somali community. I am calling to ask if you would be willing to join us on [date] and tell us about your experiences. Your name and telephone number was given to us by a friend or relative of yours who thought you might be interested in participating. You will receive a \$40 Target gift card for participating. Snacks will be available during the focus group session. If you require child care, we will also be offering free onsite child care for the duration of the focus groups. Would you be interested in participating?

YES

Great. I just have a few questions to ask to make sure you meet the focus group criteria:

#1 [Screening for age]: How old are you? *[If 17 years old or younger, stop and politely explain that they do not meet your study criteria]* *[If 18 years or older, ask question #2]*

#2 [Screening questions for patrons of live animal markets]: Have you ever gotten meat or poultry from any of the live animal markets in Minnesota? *[If yes, they pass the screening questions]* *[If no, ask the question #3]*

#3 [Screening questions for those who prepare meat purchased from a live animal market]: Have you ever prepared or help prepare meat from a live animal market? *[If yes, they passed the screening questions]* *[If no, stop and politely explain that they do not meet your study criteria]*

[If passed screening questions]

What I need to do now is get your mailing address or email address. I will be sending you a confirmation letter in the next couple of days that gives you all the details about the meeting including the date and time and a map to [location]. The email/letter will also give a phone

number you can call if you have any questions about the meeting or if you need to cancel for any reason. *[Get email/ mailing address]*

Thanks so much for agreeing to participate. Do you have any questions before we hang up? *[Answer any questions they might have]*. Ok. I will be sending you the confirmation letter/email tomorrow and I look forward to meeting you at [time] on the [date]!

Borderline/No

[Prod a little bit and then....] Ok. I understand that you aren't sure whether you want to be part of the discussion. Here is my telephone number [telephone number], if you change your mind about participating, please give me a call. Thank you.

Common questions

Q: When is the session?

[Date]

Q: What time is the session?

[Time]

Q: How long is the session?

[1-1.5 hours]

Q: Where is the session?

[Location]

Q: Do you work for the police, court, etc.?

ISUROON is a nonprofit community organization experienced in conducting focus groups with the Somali Community. ISUROON is not connected with the police, court, immigration, or any other law enforcement agency in Minnesota. The Minnesota Department of Health, the Department of Agriculture, and the City of Minneapolis Health Department are government agencies but in this research these agencies are only interested in how people handle or prepare meat.

Q: What will you do with the information I tell you?

Our goal is to learn more about the food handling practices and beliefs within the Somali community so we can develop materials to educate the community about safe food handling

practices. We will be using the information to write a report that we will share with public health officials in the community.

Q: Will you tell anyone else the information I tell you?

All of the information you tell us will be kept completely confidential. We will be tape recording the session so that we can keep an accurate record of what was said. However we will destroy the tape as soon as we have made complete notes of the meeting and we will not use your real name in preparing the notes. Also we will not use your real name in preparing our report.

Q: I have a friend. Can s/he come to the meeting too?

I will have to call your friend to see if s/he meets the focus group criteria. Can you give me your friend's name and telephone number and/or email address ?

Brochure Contents

Who can Participate?

- Women from the Twin Cities Somali community
- At least 18 years old
- Either visited a live animal market to buy meat OR
- Prepared meat purchased from a live animal market

Who is doing the study?

- Minnesota Department of Health
- City of Minneapolis Health Department
- ISUROON
- Mr. Abdullahi Sheikh (Somali men's focus group)

What is the study about?

- A 1 ½ hour focus group discussion
- Talk about your opinions about live animal markets, food handling, and disease transmitted by food and animals

What will the information from the study be used for?

- The information gathered during the discussion will be used in the future to provide appropriate educational materials and other measures that will help reduce disease transmission from live animal markets and food in the Somali community.

How ?

- Discussions facilitated by ISUROON and his staff. ISUROON is nonprofit community organization experienced with conducting focus groups with the Somali community.
- ISUROON staff will ask questions and participants will discuss their opinions
- \$40 Target gift card for participating
- Refreshments and childcare available during the focus group session

Where ? To be determined

When? To be determined

Appendix B:

Focus Group to Determine Food Safety Practices and Beliefs among Somali Community Members

CONSENT FORM - SOMALI COMMUNITY MEMBER (WOMEN)

Background: You are invited to take part in a research study. The goal of the study is to learn about the Somali community's beliefs and practices as they relate to food and diseases spread by food and animals. The study may help to prevent diseases spread by food or animals. The study is funded by the Minneapolis Health Department. Other organizations (listed below) are working on the study as well. Ms. Fartun Weli works with a Somali research organization. She is helping the health department with the study. You were chosen as a possible participant because you are:

- Woman
- Somali
- At least 18 years of age
- Live in the Twin Cities metropolitan area
- Shop for meat at live animal markets or have prepared meat purchased from these markets

Please read this form and ask any questions you may have before agreeing to participate.

Procedures: You will be asked to take part in a 1 ½ hour group discussion with 10 other women. You will be asked about where you buy food and how you handle, store, and cook raw meat. You will be asked to share your views about diseases spread by food and animals. Ms. Weli and staff will guide the conversation and take notes. The focus groups will be audio recorded to capture all comments shared during the discussion.

Voluntary Nature of the Study: You do not have to take part in the study. If you choose not to take part, your decision will not change your relationship with the researchers on this study (listed below) or the owners of the live animal markets.

Risks and Benefits of the Study: You do not have to answer any questions you don't want to. You can leave the discussion at any time. There are no direct benefits to you if you choose to take part in this study. But, the information you provide may help public health workers find ways to prevent diseases in your community that are spread by food or animals.

Compensation: You will receive a \$40 Target gift card for your participation.

Privacy: The records and audio recording from this study will be kept private. They will be stored in a locked or protected file. Only researchers (listed below) will have access to it. Your name and contact

information will only be used to contact you in the future about the study. Any reports or presentations to the public will not include your name or personal information.

The researchers may use parts of the audio recording for teaching or training purposes. You can choose whether it is okay for them to use your voice, or not. Please put an X next to one of these statements so we know which you prefer:

It is okay to use the audio recording of my voice for teaching or training purposes. I understand that my name will never be connected to this recording.

I do not want you to use the recording of my voice for teaching or training purposes.

Contacts and Questions: Please ask any questions or share any concerns that you have now. If you have questions later, you are encouraged to contact members of the research team:

Fartun Weli
Isaroon
Phone: 612- 821- 2398
Email: Fartun@Isuroon.org

Daniel Huff & Jared Erdmann
Minneapolis Health Department
Phone: 612-673-5863
Email: daniel.huff@minneapolismn.gov
Dr. Mary Choi & Amy Saupe
Minnesota Department of Health
Phone: 651-201-5193
Email: mary.choi@state.mn.us

Dr. Heidi Kassenborg
Minnesota Department of Agriculture
Phone: 651-201-6625
Email: heidi.kassenborg@state.mn.us

This study has been approved by the MDH Institutional Review Board (IRB). If you have questions about your rights in this study, please call Peter Rode, Administrator of the MDH IRB at 651-201-5942. **You will be given a copy of this information for your records.**

Statement of Consent: I have read the above information. I have had a chance to ask questions and receive answers. I consent to participate in the study.

Signature _____ Date _____

Signature of Investigator _____ Date _____

Appendix C:

SOMALI FOCUS GROUP QUESTIONS

ON FOOD HANDLING PRACTICES AND FOOD SAFETY & BELIEFS AMONG SOMALI

1. What is your and your community's understanding of how people can become sick from eating or handling food?
 - a) If you or a family member gets abdominal cramps, diarrhea or vomiting, what do you think are some of the causes?

(PROBE): Are there any Somali proverbs related to food or stories about how to safely handle food from your community?
2. Typically, where do you, your family and friends obtain meat (e.g., beef, goat, chicken, etc.)?
 - a) What types of places do you know where Somalis buy meat from other than the traditional "halal" grocery stores (e.g., live animal market, large grocery store chain, butcher shop, etc.)?
 - b) For what purposes and reasons would you buy meat at a halal grocery? For what purposes and reasons would you buy meat from a live animal market?
3. Live animals are sometimes purchased from live animal markets/slaughter centers and brought home. Explain how you or your community prepares whole animals that are purchased from a live animal market for eating.
 - a) Where do you usually prepare a whole animal or a large quantity of meat for cooking (kitchen, outside, etc.)? PROBE: whether uncooked meat is washed?
 - b) What else do you do with a whole animal carcass or large quantity of meat to prepare it for eating?
 - c) What role do children in the community have in preparing an animal carcass for eating (watching, helping wash meat, helping gut chickens, etc.)?
4. When you or your community buys a whole animal carcass at a live animal market; how do you bring it home (e.g., in a bag, in a laundry basket, etc.) and how do you make sure that any germs on the meat don't contaminate anything else?
5. Have you or anyone you know ever gotten sick from food (all types of food including vegetables, milk, meat, chicken) they handled or from food they ate at home or at restaurant and how?

- a) What would you do if someone in your family becomes ill with abdominal cramps, vomiting and diarrhea?
6. What are the precautions you take (e.g., hand washing, cleaning counters and other surfaces, checking temperature of cooked meat) to prevent foodborne diseases when you are preparing or cooking food. Why do you take these precautions?
- (PROBE): Give an example of how you would prepare lunch with chicken or goat meat, on a typical day for yourself and your family, starting with fresh (uncooked) meat or a live animal.
- (PROBE): How is meat cooked, and when can you say it is ready (well cooked) to be eaten?
7. In which ways is the handling of food and cooking of food different in Somalia than in the US?
- (PROBE): What food preparation practices (e.g., buying a whole animal for meat, using a refrigerator, etc.) have changed in US compared to Somalia.
8. What is the best way to inform report or communicate to you and you're the Somali community about ways to prevent food poisoning prevention and stay healthy when handling and eating meat and other foods?
- a) If food safety messages were developed to educate the Somali community about foodborne diseases, what information would be helpful for you?
- b) How should this information be distributed to you and your community (e.g., paper fliers, radio, t.v., community groups, etc.)

Do you have any question or comments that you would like to ask about this project?

Thank you very much for your time!

To find this information online, please visit our Reports section at <https://www.minneapolismn.gov/health/>

If you need this material in an alternative format please call the Minneapolis Health Department at (612)673-2301 or email health@minneapolismn.gov.

Deaf and hard-of-hearing persons may use a relay service to call 311 agents at (612) 673-3000. TTY users may call (612) 673-2157 or (612) 673-2626.

Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu (612)673-2800;

Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llama (612)673-2700.

Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac (612)673-3500.