Recruitment and Retention of Hmong, Latina/o, and Somali Participants

Lesson Learned and Recommendations for the Diabetes Prevention Programs, Minnesota Department of Health

Research conducted by:

Moira Kenny and Matthew Montesano
University of Minnesota School of Public Health
November-December 2011

Project supervised by:

Rita Mays, MS, RD, LN
Diabetes Prevention Planner
Diabetes Program
Center for Health Promotion
Minnesota Department of Health

Introduction

The Minnesota Department of Health's *I Can Prevent Diabetes* is an evidence-based program that has been shown to make significant health improvements for people with "pre-diabetes." However, a pilot program had difficulty recruiting and retaining participants from bi-lingual Latino, Somali, and Hmong communities. The Metro YMCA Diabetes Prevention Program, based on the same curriculum, has also experienced similar problems.

Through the University of Minnesota's Community Health Initiative, two graduate students were engaged in order to do formative research and make recommendations that would improve the outreach and recruitment efforts of the Diabetes Prevention Program. Through this process, the two students interviewed leaders of 10 organizations in the Twin Cities metropolitan area that provide health and social services to members of the Latino, Somali, and Hmong communities.

Consulted Organizations and Mailing Addresses

CAPI

> The Cash Assistance Program for Immigrants (formerly the Center for Asians and Pacific Islanders) is a social justice organization based on community networks. The organization provides programs that assist in creation of jobs, provision of essential services and health education for up to 3,000 African and Asian immigrants and refugees per year. CAPI emphasizes community ownership, as it draws resources from local organizations and bases its programs on the input from the immigrants and refugees it serves. Their vision is “that all refugees and immigrants lead successful lives and exercise fully their civic rights and responsibilities.”

According to CAPI's 2011 Quarterly Report, a major program development is to "Promote Health Equity," aiming to educate community members about health care. Their Healthy Living Initiative includes hosting a farmers market for low income residents and nutrition classes taught in Hmong by a Hmong instructor.

Mailing Address:
Dean Porter
3702 East Lake Street
Minneapolis, MN 55406

St. Mary's Health Clinics

St. Mary's Health Clinics are comprised of eight small community health clinics across the Twin Cities that provide free health care services for the uninsured. Diabetes management is included as one of the health care services St. Mary's is able to provide. The health center expects over 6,000 patient visits during the 2011 fiscal year. Sixty percent of patients were classified as Hispanic, 27 percent were Caucasian, and 7 percent were African or African-American, with smaller percentages of other racial or ethnic groups. Almost half of patients seen at the clinics are non-English speakers.

Mailing Address:

Christina Flood
St. Mary's Health Clinics
1884 Randolph Avenue
St. Paul, MN 55105

WellShare International

The community and internationally-based nonprofit Wellshare International's mission is to "improve the health of women, children and their communities around the world." The organization empowers families in the Twin Cities and overseas through community engagement. WellShare International's health initiatives are widespread, from creating culturally appropriate family planning education materials for Somali community members, visiting elderly Somali immigrants in their homes to supply U.S. health care system information, and engaging Somali youth to convey health messages through the arts. In 2010 the nonprofit's Somali Community Health Workers were cross-trained on diabetes, and two staff members received in-depth diabetes training. WellShare International has worked with the Confederation of Somali Community in Minnesota and Somali TV to deliver diabetes prevention materials in Somali media. Partnerships in the community have also been used to promote exercise classes, demonstrate accessibility of healthy foods, and to supply education on healthy diet choices.

Mailing Address:
Diana DuBois
122 West Franklin Avenue, Suite 510
Minneapolis, MN 55404

West Side Community Clinic

West Side Community Clinic has 18 medical and dental clinic sites in the Twin Cities metro area, making it the largest community health center in Minnesota. Eighty-three percent of patients served in 2010 were Asian, African American, or Latino. The East Side Family Clinic site provides culturally competent health care services and education for immigrant and low-income populations, in particular Latino and Hmong Americans. The East Side site offers diabetes care, nutrition services and health education services, among others. Part of West Side Community Clinic's philosophy is to "understand public health issues, partner with other organizations to address community needs, and advocate for public policy that helps people gain access to affordable health care and other needed services."

Mailing addresses:

Janeth Guerra de Patino
860 Arcade Street
Saint Paul, MN 55106

Hli Lo Xiong
1544 Timberlake Road
St. Paul 55117

Hennepin County Human Services and Public Health Department

As a Public Health Nurse with Hennepin County, Esther Maki and her colleagues act as external consultants for clinics around the county. They work with clinic staff to change their practices and tools in order to work with patients toward effective screening and treatment for chronic illnesses. They've worked with numerous clinics that serve Somali and Latino populations.

Mailing Address:

Esther Maki, RN, MS, CHES
Public Health Nurse, SHIP
Hennepin County Human Services and Public Health Department
Public Health Promotion
525 Portland Ave (MC-963)
Minneapolis, MN 55415

St Francis Medical Center, Allina

Deanna Francis is a diabetes educator with the St Francis Hospital. Working through the hospital's outpatient diabetes education department, she works with newly-diagnosed diabetes patients, counseling them on issues around nutrition, physical activity, and other diabetes-management strategies.

Mailing Address:
Deanna "Dee Dee" Francis
St Francis Medical Center
1455 St. Francis Avenue
Shakopee, MN 55379

Communidades Latinos Unidas en Servicio

CLUES is a community provider of comprehensive health and human services to the Latino population of the Twin Cities. They offer mental health services, chemical health services, elder services, family services, and train community health workers to provide culturally competent health promotion and prevention programs to the Latino population.

Mailing Address:
Jose Castellanos
797 East Seventh Street
St Paul MN 55106

Hmong-American Partnership

The largest Hmong organization in Minnesota, the HAP provides Hmong and other refugee communities with services and support to help them adjust to life in America. It has grown to a full-fledged social services agency that serves thousands of people per year with education, youth and family services, housing and economic development programs, employment services, and elder care.

Mailing Address:

Bao Vang
President/CEO
1075 Arcade Street
St Paul, MN 55106

Somali-American Community/Guri Nabad & A Partnership of Diabetics (A-POC)

The Somali-American Community, Guri Nabad, and A Partnership of Diabetics have partnered to launch a unique Somali Diabetes management program. A community initiative started under the large umbrella of Allina's Backyard Initiative, the program gathers diabetics in the Somali/Somali-American community in order to provide a supportive, social environment that combines traditional ways of healing with modern diabetes management strategies.

Mailing Address:

Mahamed Cali
Somali-American Community
2909 Bloomington Ave, Apt 105
Minneapolis, MN 55407

Lessons Learned: the Hmong, Somali, and Latino Populations

Hmong

A. Population Profile

There are around 66,181 Hmong Americans living in Minnesota, according to 2010 Census information.[1] Hmong Americans come from several Southeast Asian areas. Thirty nine Hmong religious congregations and thirteen Hmong community organizations were listed in the Twin Cities Metro Area in a 2002 report, which also noted that over half of Hmong Americans live in the Midwest, primarily in Minnesota.[2] About 10 percent of the Hmong population is aged 0-17 years, 84 percent is aged 18-64 years, and the remainder are 65 years and older.[3] About 40 percent of Hmong people in Minnesota do not speak English.[4] Diabetes death rates in Minnesota were increasing faster among Asian Americans over all other racial groups in 2002, according to

[1] Hmong American Partnership. "2010 Census Hmong Americans by State." http://www.hmong.org/page33422626.aspx accessed November 26, 2011.
[2] Except from Pfeifer, Mark E. 2003. "Hmong Americans" *Asian-Nation: The Landscape of Asian America*. accesed at http://www.asian-nation.org/hmong.shtml November 16, 2011
[3] ECHO. "In-house data, 2006-2008 populations in Minnesota." 20111117153731851.pdf accessed November 20
[4] ECHO. "In-house data, 2006-2008 populations in Minnesota." 20111117153731851.pdf accessed November 20

a Minnesota Department of Health report.[5] Almost 40 percent (39.7%) of people identified as "Southeast Asian" in the Hennepin County SHAPE survey had BMI indexes of overweight or obese status.[6]

B. *Major Themes*

Health Perceptions

- Representatives of the Hmong community mentioned a lack of interest in typical recreational activity exercises such as biking or running. Rather some would prefer to achieve recommended levels of physical activity through more natural or utilitarian forms of exercise, such as gardening. This is reflective of their background as a farming population.
- Generational gaps exist. Some are more open to Western concepts of physical activity. A feeling of isolation among some Hmong Americans in the older generations was expressed in interviews.
- Hmong Americans are often a traditional people tied to their heritage, and attempt to maintain their cultural practices. Nutrition and cooking practices are set in tradition, such as using a high amount of oils and rice.
- The community prefers to gather and prepare foods from their own garden or from local food providers. They prefer this to the processed foods found at grocery stores.
- Churches are a key community gather place, particularly among the elderly Hmong demographic. Religion, as well as tradition, is an important and influential piece to this community.

Health Information Transmission

- The perception that exercise and eating well is unattainable due to its high expense exists in the Hmong community. Access to a healthy lifestyle is also limited due to the change in climate and social structure compared between Minnesota and Hmong peoples' home countries.
- Provision of structured community activities are a way to reach Hmong people, as they share a common bond with one another and are rooted in tradition.
- Often times in the Hmong community people do not have accurate technical information about a proper diet and exercise. Information is gathered from nutrition labels or television, but further health educational materials are limited.
- Parents in Community Action (PICA) Head Start Committee and low income public housing facilities are notable community gathering places.
- Major language barriers exist in the Hmong community. There is not enough culturally competent information available in their language, and often this population is unfamiliar with English
- Several interviewees noted that personal, trustworthy communication would be more effective than flyers or other media messages.

Diabetes-specific Information

- The traditional Hmong culture is tied closely to healthy lifestyle with farming, which translates to a lifestyle needed for diabetes prevention. Proper nutrition and recommended amounts of physical activity levels are achieved in a conventional farming lifestyle.
- A formal and concrete program as a resource (DPP) offered in a culturally tailored method would be attractive to the Hmong populations in Minnesota.

[5] Minnesota Department of Health. Priority Health Areas of the Eliminating Health Disparities Initiative.
[6] Hennepin County SHAPE survey. "Adult Data Book,2006."
http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnextoid=6cdb30ece1503210VgnVCM10000049114689RCRD

Latina/o

A. Population Profile

In 2010 there were close to 250,000 Latinos living in Minnesota.[7] This report uses the term "Latino" to refer to people from Latin American countries where Spanish is spoken. In Hennepin County the Latino population is expected to double in size by the year 2030.[8] According to ECHO reports, 12 percent of the "Mexican" population is aged 0-17 years, 86 percent are 18-64 years old, and the remainder are 65 and older.[9] Forty seven percent of Mexican Americans living in Minnesota do not speak English, the lowest rate of English language proficiency among the racial and ethnic groups surveyed from 2006-2008.[10] The age-adjusted mortality rate with diabetes as an underlying cause of death from 1996-2000 in Minnesota among Latinos was nearly double that among whites.[11] The Hennepin County SHAPE survey found that 64.6 % of the "Hispanic/Latino" population was overweight or obese in 2006.[12]

B. Major Themes

Health Perceptions

- There is a perception that health is not only physical, but also mental and emotional - that there are many aspects to a person's health.
- Many people view their lives in the context of *family*. Valuable actions may be framed in terms of their helpfulness to members of one's family. Parents may be afraid for their children if they are diagnosed with prediabetes, which could be a motivator to lead by example.
- Many people are often fatalistic about health, with an attitude that what will happen will happen. This may be associated with a history of susceptibility to diabetes, and very little health care.
- Related to fatalistic notions about health, the concept of disease prevention is not very salient or meaningful.
- Dancing is a popular physical activity.

Health Information Transmission

- Cultural institutions are very important – for example, El Centro (a one-stop shop for human services, health services, cultural events) is widely used and widely trusted by many in the Latina/o population.
- Many people trust in individuals more than institutions. Institutions like YMCA not widely used; this is possibly related to more recent immigrants' general discomfort, vulnerability, or suspicion of institutions here. Harsh immigrations laws mean that many people take great pains to stay "below the radar."

---

[7] United States Census Bureau. Quick Facts, 2010. http://quickfacts.census.gov/qfd/states/27000.html accessed November 16, 2011.

[8] Hennepin County, Minnesota. "Latinos in Minnesota" http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnextoid=0e15d5d48c263210VgnVCM20000048114689RCRD accessed November 16, 2011.

[9] ECHO. "In-house data, 2006-2008 populations in Minnesota." 20111117153731851.pdf accessed November 20

[10] ECHO. "In-house data, 2006-2008 populations in Minnesota." 20111117153731851.pdf accessed November 20

[11] Castellanos, José William; Fioravanti, Andrés Flores; and Giles, Ingrid Anne. "Health Disparities Affecting Chicano/Latino Communities in Minnesota." http://es.clues.org/2006_HealthDisparitiesAffecting LatinoCommunitiesFinalReport.pdf accessed November 16, 2011.

[12] Hennepin County SHAPE survey, 2006. "Adult Data Book." http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnextoid=6cdb30ece1503210VgnVCM10000049114689RCRD

- Religion is influential and important – furthermore, Ascension Church in Richfield, and other Latina/o churches in the metro area participate in or host health programs already.
- There is often a strong sense of community; word of mouth is important, if people have a good experience they will tell others. People often utilize trusted community health workers or community leaders. People respect their health care providers especially if they have built a relationship with them

Diabetes-specific Information

- Many have predictable socio-economic-status (SES) related barriers to diabetes prevention or treatment. For example, a working mother of a family has less time to prepare healthy foods; recent immigrants may be inundated with and susceptible to fast food culture; financial strain means that spending on medicine creates a short-term financial risk that outweighs the long-term health risks. People may have little time to spend on things that aren't work, family, or community.
- Transportation, costs, and child care are major barriers participation in a healthy living program.
- Misconceptions about diabetes exist – these include the notion that if you avoid "sugars" (desserts, candy bars, etc.), then you will not get diabetes.
- Being thin is not always healthy, sometimes if people are overweight (not obese) they may not see weight loss as a necessary health concern.

Somali

A. Population Profile

Over 32,000 Somali Americans live in Minnesota, or one third of all Somali Americans, according to estimates from the American Community Survey.[13],[14] Ten percent of the Somali population in Minnesota is aged 0-17, 83 percent is aged 18-64, and the remainder are 65 or older.[15] Somalis are the racial or ethnic group least likely to be employed in Minnesota.[16] Roughly 45 percent of Somalians in Minnesota do not speak English.[17] WellShare International, a community-based nonprofit that also works internationally, completed a Somali health study in 2003 and noted that while self-reported rates of diabetes were low in African-born community members' now living in Minnesota (3.3%), only a small percent of Somalis met the recommended daily levels of moderate activity and nutritional requirements for fruit and vegetable consumption, suggesting that diabetes could be a more significant problem in the future. A 2002 SHAPE survey noted a relatively high percent of African-born community members had a high BMI index.[18],[19]About 5 and a half percent of African-born Americans in Hennepin reported

[13]http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_S0201&prodType=table accessed November 16, 2011.

[14] Dunbar, Elizabeth, Minnesota Public Radio. "Survey: Nearly 1 in 3 US Somalis live in Minnesota." http://minnesota.publicradio.org/display/web/2010/12/14/american-community-survey-initial-findings/ accessed November 16, 2011

[15] ECHO. "In-house data, 2006-2008 populations in Minnesota." 20111117153731851.pdf accessed November 20

[16] ECHO. "In-house data, 2006-2008 populations in Minnesota." 20111117153731851.pdf accessed November 20

[17] ECHO. "In-house data, 2006-2008 populations in Minnesota." 20111117153731851.pdf accessed November 20

[18] Hennepin County. SHAPE 2006: Adult Data Book. http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnextoid=6cdb30ece1503210VgnVCM10000049114689RCRD accessed November 16, 2011

having prediabetes, border-line diabetes, or high blood pressure in a 2006 Hennepin County survey.[20] Fifty one percent of this population is overweight or obese, according to the same report.

B. Major Themes

Health Perceptions

- Family and religion are very influential in the Somali community.
- Close connections to family, importance of religion, and sense of commitment were named as strengths of the Somali population in Minnesota.
- There are associations between a healthy lifestyle and the Islamic religion. These include avoidance of smoking and overeating, as well as a general sense of thankfulness and respect for one's body and health.
- There are many difficulties with maintaining weight and making healthy choices due to the stress felt among refugees and immigrants. Many are living in poverty, and their health comes second to providing income for their families both in Minnesota and overseas. The Somali community is aware of the lifestyle changes, however, and has a willingness to improve their health if it can be done in a convenient and inexpensive manner.
- The Somali community was described in interviews as being a highly social culture. Health information is shared with openness at high frequency of transmission.
- There have been successful health initiatives in the past among the Somali population. A recent initiative converted one of the high rises in the Cedar Riverside neighborhood (which houses the highest amount of refugees and immigrants in Minneapolis) into a smoke-free building. This was due on large part to a movement and support from the Somali community. In another example, Somali mothers came together to create a "Walking Bus," where they would switch off walking their children to school on one day of the week.
- Health education falters in some Somali groups. Participants in a Somali nutrition class did not realize that certain vegetables could also be eaten raw. Many preferred to cook vegetables in an overabundance of oil.
- The Somali population is very committed to family and is willing to make efforts to improve their own for them. They want their children to be healthy, and are a dedicated community if motivated to do something good for their family.

Health Information Transmission

- Somali radio and TV media are frequented and desired ways in which health education materials could reach this population.
- Coming together with others motivates the Somali community, as they are a communal and social group of people.
- Word of mouth and information received from trusted friends is the most effective way to reach this community.
- Health messages in Somali are preferred by older people, but either English or Somali is acceptable in younger generations.

---

[19] WellShare International. "Health Topics - Diabetes." http://www.wellshareinternational.org/health-topics/diabetes accessed November 16, 2011

[20] Hennepin County. SHAPE 2006: Adult Data Book. http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnextoid=6cdb30ece1503210VgnVCM10000049114689RCRD accessed November 16, 2011

- There is a notable separation between the genders. Gathering places for men include coffee shops, in particular Brueggers Bagels in the Cedar Riverside neighborhood of Minneapolis. For women, high-rise buildings and living spaces were named as a more frequent gathering place. Somali malls were named for both generations, specifically the mall located at Pillsbury Avenue and 29th Street in Minneapolis, as well as various other self-created social networks.
- The Somali population is most comfortable receiving information on health from trusted community workers. At WellShare International a Somali community health worker builds relationships with members. A need to trust the messenger is important.

Diabetes-specific Information

- Barriers to prevention of diabetes activities include a lack of time and money. Women with children find barriers with childcare and transportation limitations. The perception that unhealthy choices are cheaper and easier to make exists.
- Somali Americans have a link to trusted, small community health clinics where they have a relationship with a provider.
- WellShare International named collaborations that might be willing to participate in DPP: Mosques, community clinics, high-rise buildings where Somalis live, and health care providers (in particular at community health centers that serve high numbers of African Americans).

Lessons Learned: Recommendations

1. *Comprehensive recommendations*

    a. *Messaging*:

        i. Address misconceptions in promotional material.

        ii. Write promotional materials using plain language techniques, so that people with varying levels of health literacy can understand it.

        iii. Have messaging that speaks to a person in the context of their community.

        iv. In all three populations, some see a chronic disease such as disease as a "death sentence." Less knowledge exists about pre-diabetes as a condition. Consider using hopeful messages and framing pre-diabetes as a treatable condition controlled with healthier lifestyles.

    b. *Networks*:

        i. Hold the program in partnership with cultural institutions, at locations that are familiar to the target populations - for example, at community centers, churches, or mosques. This will help overcome barriers such as discomfort with programs held at a YMCA, or with transportation or time limitations.

        ii. Conduct outreach through community providers and trusted community members.

        iii. Maintain connections to the individuals interviewed, and the groups with whom they work, in order to establish a strong, multilayered outreach network.

    c. *Community Health Workers*:

Minnesota has a unique, growing network of Community Health Workers. These CHWs work at the grassroots level to teach health care system navigation, educate about health care issues, and bridge the gap between cultures and health care systems. Utilizing this network for the purposes of Diabetes Prevention Programming could satisfy a number of other recommendations made in this report. Specifically, CHWs could be a trusted provider of medical information, community-rooted, and able to recruit cultural cohorts that can support each other. A trusted provider performing program recruitment can convince a potential participant, address their misconceptions, and support them in choosing the DPP in a way that simple outreach material cannot.

2. *Population-specific recommendations*

   a. *Hmong*

      i. Convey that there are alternative forms of exercise. Some are rooted in tradition, and would prefer activities such as gardening or farming over recreational activities such as a bicycling.

      ii. Not all generations are rooted in tradition. Some would be open to other activities than the ones accustomed to in their country of origin. Recommend showing that there is a variety of activities available for all ages and preferences.

      iii. Some people are likely to trust their health care provider after building a relationship with them. Institutions are less likely to be trusted. Reach Hmong community members through their health care provider.

      iv. People from the Hmong group were sometimes described as feeling isolated. Recommend showing the Program as a team effort, a way to live healthier with the support of family and community.

      v. Older generations in the Hmong community use the radio frequently. Recommend utilizing this media to reach this population.

   b. *Latina/o*

      i. Frame "pre-diabetes" as a condition that can be treated and controlled, with encouraging messages, to address "fatalistic attitudes" toward diabetes and illness

      ii. Have messaging that focuses on the importance of family: that maintaining your health is something you do for your family.
      "Do it for your kids."

   c. *Somali*

      i. Utilize messaging that focuses on being a role model for the target's children.

      ii. The Somali population is described as a very social group that gathers often and is very open to sharing information. Assure that recruitment materials are available at gathering places, such as Somali malls, high-rises, and other various self-created social networks.

      iii. Islam is closely connected with living a healthy lifestyle, for example health is considered a blessing that Muslims ought to show gratitude for by taking care of themselves. A proverb in the Islamic religion also states that to "eat and drink,

but avoid excess," teaching followers to eat in moderation. Recommend promoting and holding the program at religious institutions.

iv. The Somali language was not in written form until the 1970s, and storytelling or word-of-mouth transmission is valued. Recommend focusing on anecdotal messages coming from a source trusted in the community. Trusted sources include personal contacts and community media.

v. At times the older the generation depends on their children for language interpretation. Recommend allowing program participants to bring family members with them to class. One interviewee mentioned that men and women eat separately, and might not want to participate in the program together.

vi. The program should be accessible during nights and weekends, and be mindful of religious practices such as Ramadan.

Further Research

1. Questions remaining

   - An examination of whether there are trained health professions within each population group that cannot practice in the United States due to lack of certification or licensure would also be helpful to the Diabetes Prevention Program. This is a potential target group for aid in conveying the message about diabetes prevention within these trained professionals' ethnic communities.
   - Further information remains to be gathered about these three population groups for future studies relevant to the Diabetes Prevention Program. Further studies on English language proficiency, in particular in relation to percentages of whom have a high school or college education would be useful toward developing recruitment materials for all language and education levels. Familiarity with English differs between ethnic groups and by age within the population groups.
   - To inform recruitment areas and strategies, a study of the geographic distribution of each population as well as mapping service providers in those areas would be helpful.
   - Statistics on rates of overweight or obesity in each population, as well as diagnosis of borderline diabetes, pre-diabetes, high blood sugar, diabetes, or sugar disease could be helpful.

2. Contacts for future research: these people were provided as being potentially useful future contacts by people interviewed for this round of work.

   West Side Community Health Services: McDonough Homes Clinic
   Xee Xiong Bang, Health Educator and MA at McDonough Homes Clinic
   Hmong community
   (651) 558-2191

   Maria Tenorio
   Park Nicolett Clinic

   Mary Hernandez
   Hispanic liaison for Shakopee Schools

Liliana Tobon Gomez, MD, MPH
Senior Health Promotion Specialist, Fiesta de Salud Program
Hennepin County Human Services and Public Health Department
Public Health Promotion
525 Portland Ave (MC-L963)
Minneapolis, MN 55415
612 596 9977
Liliana.Tobon-Gomez@co.hennepin.mn.us

Rachel Newby
Program Coordinator,
Taking Steps Together Program
Rachel.Newby@hcmed.org

Mahamed Cali
Somali American Community Assn.
2446 University Ave W.
Saint Paul, MN 55114
Phone**:** 651- 603-1000
calimahamed@gmail.com

Bob Albee
A Partnership of Diabetics
ralbee4045@aol.com
612 812 2429