This installment of *Local Acts* describes a creative intervention to improve physical activity among Somali immigrants in Seattle, Washington. Moore et al. describe how they designed a culturally sensitive intervention to foster swimming as a form of physical activity in this community by enhancing access to public pools and creating a social support network around the swim events. This is a creative, small-scale example of putting evidence-based strategies into effect. The Community Guide for Preventive Services Studies has identified both social supports and access improvement as highly effective strategies to get people to be more physically active.

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**RESPONDING TO A REQUEST: GENDER-EXCLUSIVE SWIMS IN A SOMALI COMMUNITY**

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Immigrants are the fastest-growing segment of the United States and represent 12.5% of the total population. Refugees are legal immigrants who flee for fear of persecution in their home countries. Somali refugees comprise the largest number of refugees entering the U.S. in recent years, with more than 40,000 admitted from 2003 to 2007. This article details a program in Seattle, Washington, in which collaboration among medical centers, community-based organizations, the local health department, municipal organizations, and leaders in the Somali community resulted in a culturally appropriate fitness option addressing the self-identified health needs of Somalis.

**BACKGROUND**

Somalis are almost exclusively Muslim, and their religious restrictions, family, and immigrant issues are barriers to exercise. Most immigrants report they are less active than they were in their homeland, and medical providers that serve Somali immigrants have struggled with culturally appropriate referrals for exercise. Conservative Muslims require that females wear loose-fitting clothing that covers the body from head to ankle when in the presence of males and that genders should not come in physical contact with each other.

Somali immigrants are observed to have a high proportion of overweight, obesity, and physical inactivity, with one survey indicating 71% of Somali women were obese or overweight and many demonstrated poor physical fitness. Another observation of 97 Somali mothers of young infants showed 55% of women were obese (Personal communication, Suzinne Park-Gorstein, Department of Pediatrics, University of Washington, June 2009). Despite the need for gender-exclusive spaces for exercise, few public venues in non-Muslim countries offer them. As a result, an increase in a sedentary lifestyle may eventually impact the overall health of this community.

In response, a community partnership was developed that included vocal and active members of the Somali community; staff and physicians from Harborview Medical Center—a University of Washington (UW)-based facility that is the medical home to many Somalis; Seattle Children’s Hospital; a community-oriented, non-Somali community agency; Public Health Seattle-King County; and City of Seattle departments, including Seattle Parks and Recreation and Seattle Department of Neighborhoods. Several of the representative members from organizations in the partnership were Somali or West African immigrants. Somali community members advocated for a culturally appropriate swim program and took leadership roles to make it happen. The partnership worked together to design, organize, and implement a gender-exclusive swim program at two Seattle public pools.

**INITIATIVE SUMMARY**

In summer 2006, the UW-affiliated medical center, with the support of Somali staff, funded three pilot women's-only swim rentals at a public pool. The swims