

# Well-being Among New Americans in Clay County

## *Key Findings and Data Tables of Survey Results*

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# Key findings

Clay County, Dei Consulting, and Wilder Research recently conducted a survey of adults who live in Clay County and identify as New Americans (i.e., immigrants, refugees, and asylum seekers). The survey was conducted as part of a Comprehensive Suicide Prevention Grant Clay County received from the Minnesota Department of Health (MDH) to help the county better understand the well-being of the New American community and identify ways the county could help improve well-being. The key findings from the survey results are presented below.

## Key finding 1.

***There are many barriers to accessing mental health services, particularly related to cultural competency and relevancy.***

- ✓ Respondents identified several barriers that prevent people in their community from accessing mental health services, including several barriers related to cultural competency and relevancy of services.
- ✓ Culture-related barriers included a lack of cultural competence among providers (58%), language barriers (49%), and a lack of providers from the respondent's community (26%).
- ✓ Other commonly reported barriers included embarrassment, stigma, or privacy concerns (47%) and cost (43%).

## Key finding 2.

***Respondents were mostly unfamiliar with existing services and resources in Clay County, with some exceptions.***

- ✓ Across the 18 services or resources provided by organizations the survey asked about, the majority of respondents reported that they had either never heard of the organization, or that they had heard of the organization but didn't know what services or resources the organization provides (55-93%).
- ✓ Results indicate greater levels of familiarity for some services, including Clay County, Essentia Health, FirstLink (211), and Sanford Fargo Behavioral Health.

## Key finding 3.

***Health care providers, faith or religious supports, FirstLink (211), and community elders appear to be primary sources of mental health support for the New American community.***

- ✓ Respondents were asked to identify the resources they would suggest if someone they knew had a mental health concern, and they most commonly selected health care providers (55%), faith or religious supports (40%), FirstLink/211 (38%), and community elders (36%).

#### **Key finding 4.**

***Respondents expressed concern about the well-being of their family, friends, and community members, and some respondents reported experiencing mental health symptoms themselves.***

- ✓ Most respondents shared they were somewhat or very concerned about mental health and substance use among their close friends, family members, and members of their community (78-88%).
  - ✓ While most respondents reported they are not bothered at all or only bothered “a little” by mental health symptoms, others indicated that some of the symptoms bother them “quite a bit” or “extremely” (11-34%). The most commonly reported symptoms included feeling everything is an effort and feeling sad.
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#### **Key finding 5.**

***Respondents generally agreed that people can have positive mental health, but they also generally agreed that mental health is only about “illnesses or problems.”***

- ✓ The majority of respondents agreed with the statement, “People can have positive mental health” (83%).
  - ✓ However, the majority of respondents also agreed with the statement, “Mental health is only about illnesses or problems” (59%).
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#### **Key finding 6.**

***There are many opportunities to improve the well-being of the New American community in Clay County.***

- ✓ When asked how helpful specific changes would be to improve the well-being of their community, the majority of respondents agreed that all the changes would be somewhat or very helpful (83-89%).
  - ✓ These changes include making services more available, increasing awareness of available services, increasing awareness of mental health and mental health symptoms, improving the cultural competency and relevancy of services (e.g., providing services in languages other than English, increasing the number of providers from different cultures), and reducing stigma.
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## Background

Between late 2021 and early 2022, Clay County, Wilder Research, and Dei Consulting conducted a survey of adults (age 18+) who live in Clay County and identify as New Americans (i.e., immigrants, refugees, and asylum seekers). The survey was conducted as part of a Comprehensive Suicide Prevention Grant Clay County received from the Minnesota Department of Health (MDH) to help the county better understand the well-being of the New American community and identify ways the county could help improve well-being. This report describes the methodology used and the results from the survey, including data tables of all survey items.

## Methodology

To ensure the cultural relevance of the survey tool, Wilder Research conducted a brief literature review to determine best practices for collecting information from New Americans about mental health and well-being. In collaboration with Clay County staff and Dei Consulting, the project team developed the survey based on this literature review. The survey asked respondents about their perceptions of mental health and well-being, their familiarity with related services available in the area, and their own mental health and well-being.

Because the survey asked respondents to share sensitive health information, the Wilder Research team submitted a peer review proposal to the Wilder Research IRB. The IRB reviewed the proposal, including the instrument and the proposed procedures, and provided feedback the project team needed to address before obtaining official approval. Once the project team addressed those items, the IRB approved the project.

Dei Consulting managed the distribution of the survey, and respondents were able to complete the survey online or on paper. Dei Consulting shared the link to the web version with community members and asked participants at community gatherings to complete the survey. Additionally, several local interpreters assisted some respondents with completing the survey, and they provided written agreement to maintain the confidentiality of any respondent they assisted to complete the survey. All paper surveys were transported to Clay County, and a county staff person sent the scanned PDFs of the surveys to Wilder using encrypted email. The Clay County staff person then destroyed all paper surveys using the county's secure paper shredding service.

Once Wilder Research received the PDFs of the paper surveys, a Wilder staff person entered the data into Excel and combined the file with the web survey data. The staff person analyzed the quantitative and qualitative survey data in Excel. While analyzing the data, Wilder identified two respondents in the sample that provided birth years that indicate they were under 18 years of age. Those respondents were removed from the sample. There were 53 total respondents to the survey.

## Limitations

It is important to note several limitations related to the survey results. The survey sample size was relatively small and not representative of the overall New American community in Clay County, limiting the generalizability of the results. Additionally, there are cultural and ethnic communities in Clay County that are not represented in this sample (e.g., Bhutanese, Ethiopian). The survey also used convenience sampling, surveying respondents who were conveniently available to Dei Consulting. Lastly, there are cultural differences in how people respond to survey items.<sup>1</sup> For example, individuals from some cultures tend to select the options in the extremes (e.g., strongly agree or strongly disagree), and individuals from other cultures tend to select the options in between the extremes (e.g., agree and disagree).

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<sup>1</sup> Johnson, T. P., Shavitt, S., & Holbrook, A. L. (2011). Survey response styles across cultures. In D. Matsumoto & F. J. R. van de Vijver (Eds.), *Cross-cultural research methods in psychology* (pp. 130–175). Cambridge University Press.

# General perceptions of mental health and well-being

The survey asked a series of questions regarding respondents' perceptions of mental health and well-being. Most respondents indicated they agreed or strongly agreed with the statement, "People can have positive mental health" (83%; Figure 1).

While most respondents agreed or strongly agreed with the statement, "Mental health is only about illnesses or problems" (59%), a notable proportion disagreed or strongly disagreed (39%). Similarly, most respondents indicated agreement with the statement, "When it comes to mental health, people are either healthy or unhealthy" (70%), but some respondents disagreed (30%).

## 1. How much do you agree or disagree with the following statements?

(N=53)	Strongly disagree	Disagree	Agree	Strongly agree	Missing
People can have positive mental health.	11%	4%	55%	28%	2%
Mental health is only about illnesses or problems.	13%	26%	38%	21%	2%
When it comes to mental health, people are either healthy or unhealthy.	9%	21%	51%	19%	0%

Note. Percentages may not total 100% due to rounding.

Most survey respondents indicated they were somewhat or very concerned about mental health and substance use among their close friends and family members, as well as other members of their community (78-88%; Figure 2).

## 2. How concerned are you about the following issues?

(N=53)	Not at all concerned	A little concerned	Somewhat concerned	Very Concerned	Missing
The mental health of your close friends or family members.	2%	9%	30%	58%	0%
The mental health of members of your community.	2%	13%	26%	58%	0%
Substance use among your close friends or family members.	9%	13%	23%	55%	0%
Substance use among members of your community.	2%	11%	34%	53%	0%

Note. Percentages may not total 100% due to rounding.

## Familiarity with and accessing services and resources

While response patterns vary by service, responses indicate a general lack of familiarity with existing services in Clay County (Figure 3). For all services provided by organizations and presented on the survey, the majority of respondents indicated they had never heard of the organization, or that they had heard of the organization but didn't know what services or resources the organization provides. Some services had higher levels of familiarity: about a third or more of respondents reported knowing what services Clay County (36%), Essentia Health (28%), FirstLink/211 (38%), and Sanford Fargo Behavioral Health (28%) provide.

### 3. How familiar are you with the following organizations that provide well-being and mental health services and resources?

(N=53)	I have never heard of this organization.	I have heard of this organization, but I don't know what services or resources they provide.	I know what services or resources this organization provides, but not how to access them.	I know what services or resources this organization provides and how to access them.	Missing
Anne Carlsen Center – Behavioral and Mental Health Services	81%	9%	8%	2%	0%
Chrysalis Behavioral Health Services and Training Center	85%	6%	2%	6%	4%
Clay County Social Services	32%	23%	13%	23%	9%
Essentia Health – Behavioral and Mental Health Services	38%	30%	17%	11%	4%
Fargo Moorhead Therapy Services	62%	25%	6%	6%	2%
Fargo Psychiatric Clinic	68%	25%	4%	2%	2%
FirstLink (211)	36%	23%	13%	25%	4%
Lakeland Mental Health Center	62%	9%	8%	17%	4%
Midwest Mental Health	81%	8%	2%	4%	6%
Nystrom & Associates, Ltd.	91%	2%	2%	4%	2%
Prairie St. John's	53%	28%	4%	15%	0%
Resolve Behavioral Health, LLC	83%	9%	2%	6%	0%
Rise Minnesota Employment Center (MEC)	81%	8%	8%	4%	0%
Sanford Fargo Behavioral Health (including Adult Behavioral Health Access)	49%	21%	11%	17%	2%

Note. Percentages may not total 100% due to rounding.



**3. How familiar are you with the following organizations that provide well-being and mental health services and resources? (continued)**

<b>(N=53)</b>	<b>I have never heard of this organization.</b>	<b>I have heard of this organization, but I don't know what services or resources they provide.</b>	<b>I know what services or resources this organization provides, but not how to access them.</b>	<b>I know what services or resources this organization provides and how to access them.</b>	<b>Missing</b>
Sanford Moorhead Behavioral Health (including the 8th Street Clinic)	53%	21%	9%	13%	4%
Solutions Behavioral Healthcare Professionals	57%	19%	9%	13%	2%
Summit Guidance Center	83%	8%	6%	4%	0%
The Village Family Service Center	51%	26%	11%	11%	0%

Note. Percentages may not total 100% due to rounding.

Respondents were also asked which services or resources they would suggest if someone they knew had a mental health concern. Health care providers were most commonly identified (55%), followed by faith or religious supports (40%), FirstLink/211 (38%), and community elders (36%; Figure 4). Some respondents indicated they would not suggest they seek help from any source (17%).

**4. If you knew someone with a mental health concern, where would you suggest they go for help?**

<b>(N=53)</b>	<b>%</b>
Health care provider (e.g., Family Village Services Center)	55%
Faith/religious supports	40%
FirstLink (211)	38%
Community elders	36%
Resettlement agencies	11%
Another type of service, please specify: I don't know, EAP, none of the above	6%
None of the above, I would not suggest they go anywhere for help	17%
Missing	6%

Note. Percentages do not total 100%, as respondents could select multiple response options.

When asked about the barriers community members face when seeking mental health services, respondents most commonly indicated a lack of cultural competence among providers (58%); language barriers (49%); embarrassment, shame, stigma, or concerns about privacy or reputation (47%); and cost (43%; Figure 5).

**5. What makes it hard for people in your community to get mental health services? Select up to 3.**

<b>(N=53)</b>	<b>%</b>
Lack of cultural competence among providers	58%
Language barriers	49%
Embarrassment, shame, stigma, or concerns about privacy or reputation	47%
Cost	43%
Not knowing where to go	30%
Lack of providers from our community	26%
Mistrust of providers and/or services	19%
Doubts that services will be useful	13%
Services aren't offered at times that work for them	8%
Services are difficult to get to	8%
Another barrier, please specify: wait times	4%
Don't know	2%
Missing	4%

## Suggestions to improve community well-being

The survey also asked respondents to indicate how helpful several changes might be to improve the well-being of their community. Overall, most respondents indicated all of the listed changes would be at least somewhat helpful (Figure 6).

### 6. In your opinion, how helpful would the following changes be to improve the well-being of your community?

(N=53)	Not helpful at all	Not very helpful	Somewhat helpful	Very helpful	Missing
Making mental health services more available, such as more services, longer hours, or more locations	4%	4%	17%	66%	9%
People learning about the mental health services in our area	4%	4%	23%	62%	8%
People learning the signs and symptoms of mental health concerns	6%	4%	11%	72%	8%
More mental health services that help people from different cultures	6%	4%	17%	68%	6%
More mental health services in languages other than English	4%	2%	17%	72%	6%
Increasing the number of mental health providers from different cultures or backgrounds	4%	0%	17%	72%	0%
Reducing mental health stigma or the embarrassment some people feel about mental health	4%	4%	17%	68%	8%
Increasing awareness of mental health generally	6%	0%	11%	77%	6%

Note. Percentages may not total 100% due to rounding.

Respondents were asked what else would be helpful to improve the well-being of their community, and they suggested the following:

- Providing more interpreter services (N=2)
- Creating community connections and providing opportunities to hold community discussions about mental health (N=2)
- Ensuring social support (e.g., checking in with people to see how they're doing, family support; N=2)
- Working with community organizations (N=2)
- Counseling (N=1)
- Increasing understanding of mental health, symptoms, diagnoses, and trauma (N=1)
- Increasing service utilization
- Diversifying staff (N=1)
- Use Whatsapp (N=1)

## Respondent mental health and well-being

Respondents were asked a series of questions about the extent to which certain mental health symptoms have bothered them over the past week. Overall, respondents most commonly indicated that each symptom has not bothered them at all or bothered them “a little” (60-85%; Figure 7). Among the symptoms that bothered respondents “quite a bit” or “extremely,” respondents were most commonly bothered by feeling everything is an effort (34%) and feeling sad (32%), and they were least likely to be bothered by thoughts of ending their life (11%) and not feeling hungry (17%).

### 7. How much have the following things bothered you in the past week?

(N=53)	Not at all	A little	Quite a bit	Extremely	Missing
Feeling low in energy or slowed down	21%	49%	13%	13%	4%
Blaming yourself for things	34%	36%	11%	13%	6%
Crying easily	51%	25%	9%	11%	4%
Not feeling hungry	45%	34%	4%	13%	4%
Difficulty falling asleep or staying asleep	40%	26%	17%	13%	4%
Feeling hopeless about the future	43%	23%	15%	15%	4%
Feeling sad	30%	32%	11%	21%	6%
Feeling lonely	34%	34%	11%	17%	4%
Thoughts of ending your life	77%	8%	0%	11%	4%
Feeling of being trapped or caught	53%	19%	9%	11%	8%
Worrying too much about things	32%	32%	15%	15%	6%
Feeling no interest in things	42%	25%	9%	19%	6%
Feeling everything is an effort	30%	30%	15%	19%	6%
Feeling of worthlessness	49%	23%	8%	15%	6%

## Survey respondent demographics

When asked to indicate the cultural communities respondents identify with, they most frequently selected South Sudanese (28%), Somali (23%), and Kurdish (23%; Figure 8).

### 8. Which of the following cultural communities are part of your identity? Select all that apply.

(N=53)	%
Ghanaian	4%
Kurdish	23%
Liberian	6%
Somali	23%
South Sudanese	28%
Sudanese	13%
Another community not listed (please specify): Arabic	4%
Another community not listed (please specify): Bosnian	2%
Missing	8%

Note. Percentages do not total 100%, as respondents could select multiple response options.

English was the most commonly spoken language among respondents (34%), followed by Nuer (19%) and Somali (19%; Figure 9).

### 9. What is your primary language? Select all that apply.

(N=53)	%
Amharic	2%
Dinka	9%
English	34%
Equatoria	2%
Nuer	19%
Somali	19%
South Sudanese/Sudanese Arabic	11%
Swahili	8%
Another language not listed (please specify): Kurdish	15%
Another language not listed (please specify): Arabic	2%
Another language not listed (please specify): Bosnian	2%
Missing	4%

Note. Percentages do not total 100%, as respondents could select multiple response options.

About half of respondents identified as women (49%), followed by men (45%; Figure 10).

#### 10. How do you identify your gender?

(N=53)	%
Man	45%
Woman	49%
Gender identity not listed (please specify): Transgender female	2%
Missing	4%

Note. Percentages may not total 100% due to rounding.

Respondents most commonly reported being age 35-44 (38%), followed by age 25-34 (23%; Figure 11).

#### 11. Birth year converted to age

(N=53)	%
18-24	8%
25-34	23%
35-44	38%
45-54	13%
55-64	8%
Missing	11%

Note. Percentages may not total 100% due to rounding.

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Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

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