

2017 Community Health Needs Assessment

Findings from Focus Groups with the Hmong Community from Tracy and Walnut Grove

In summer 2017, Southwest Health and Human Services (SWHHS) contracted with Wilder Research to conduct a community health needs assessment to identify the health needs and assets of prominent cultural groups in their 6-county region. Findings from this assessment will be used to inform the services provided by SWHHS and to help staff at SWHHS understand how to adjust or target their services to meet the health needs of these communities. For this study, Wilder Research conducted five focus groups with four cultural communities located in the Southwest region. Focus groups included individuals who are part of the American Indian (Lower Sioux), Hmong, Latino, and Somali communities in Southwest Minnesota.

The study was sponsored in part by the participating counties' grants from the Minnesota Department of Health's Statewide Health Improvement Partnership (SHIP), which aims to help Minnesotans live longer, healthier lives by reducing the burden of chronic disease. Additional funding from United Way of Southwest Minnesota made it possible to conduct a second focus group with Hmong residents. Community partners including the Lower Sioux Community Health staff, United Community Action Partnership, and individuals; Khou Lor, Tina Quinones, Samira Sheikh, and Kara Thul provided space and helped with recruitment for the focus groups.

Focus group participants were asked questions about their definition of health; what helps them to be healthy, and what makes it difficult to be healthy; as well as any suggestions they have for how SWHHS can support health in their community. They were also asked specific questions about physical activity, healthy eating, and tobacco use.

This report summarizes findings from two focus groups conducted in the Hmong community in Tracy and Walnut Grove. A total of 10 individuals participated. Six participants were female and four participants were male. The age of participants ranged from early 20s to late 50s.

Definition of health

Southwest Health and Human Services defines health and wellness as a state of complete physical, mental, and social well-being rather than merely the absence of sickness. Focus group participants were invited to share what being healthy means to them.

When talking about the definition of health, participants shared a common Hmong saying *noj qab nyob zoo* [eat good, live well] which translates to health. Other common responses included physical fitness through exercise, the absence of illness, and eating healthy foods.

Healthy to me means preventing it if it runs in your family.

Participants also discussed that being healthy means being happy, both mentally and physically, with their bodies.

Mental health is being happy with what you physically are. For physical, there are obviously some limitations to people. For example, I have high blood pressure so there are certain exercise regimes that I can't do. My body may not be super skinny...but I'm totally fine because I know my body has certain limitations. As long as I don't have no chronic diseases or anything like that, I feel healthy.

Primary health concerns

Common health concerns among participants include chronic diseases such as stroke, diabetes, kidney failure, and high blood pressure. Other health concerns specific to different ages and sexes were: gout among men, infertility among women, obesity among youth, and fibromyalgia among elders.

Fertility is a huge issue among Hmong people here. Few people in town that I feel [were infertile and had trouble getting pregnant]...younger ladies too [in their 20s]. I was one of them.

Due to the type of health insurance most of the participants have, they are not receiving dental care locally. Rather, they have to travel 1-2 hours out of town to receive services that are covered by insurance. As a result, many do not receive preventive dental care.

Insurance only covers dental care further away from town. Anything in town is private so a lot of the private dental places don't accept Medical Assistance. They either have to travel to Walnut Grove, [which] is a small family practice and doesn't take any new patients or they have to go further out to get dental care in Mankato or Sleepy Eye.

And honestly, a lot of parents in this area don't work high paying jobs...even planning an appointment to the cities is hard. It has to be on a Friday or weekend only.

Also, different generations value health care differently. For example, elders often wait until they are in physical pain to seek medical care. Whereas, the younger people seek medical care right away to prevent a bigger health problem.

I notice, working in dental office, that they [young people] would say, "Oh, I have a tooth ache, so I came in." They [older adults] always wait until there's an issue and then come in versus a young person who comes in to prevent it.

Barriers to health

When asked what makes it difficult to be healthy, participants talked about a lack of health education and distrust in government agencies.

It's always about if they get enough education. We're a very Asian community, so if you throw them into a participation session they think the government is after them. They're on SSI so if they participate, they think the government is going to take that away from them.

Other barriers to health were challenges related to getting exercise. Barriers ranged from lack of time, motivation, places to exercise, and transportation to gym membership costs and limited knowledge of gym equipment.

They don't ever use these equipment so when they do go use it, they don't know how to use it. They're afraid to use [it] because they might be embarrassed by not knowing how to use the machine. Stuff that is supposed to be done this way, but you don't know how to do it so that limits you from wanting to go because they are timid about the equipment that the gyms have.

A lack of access to child care is also a barrier that keeps parents and elders going to a gym.

A lot of young folks would use the older folks as a day care center so they [older folks] don't have the luxury to go out and exercise. That creates anxiety and a lot of stress on them. It creates depression that leads to diabetes and high blood pressure for older folks. If SWHHS gives vouchers for day care we can take the parents out of the picture and offer an alternative where both the young and older folks can exercise and child care is provided.

Resources and supports

For participants, sources of health information and support include the local clinic, social media, and classes provided by University of Minnesota Extension. Resource fairs or other events were also mentioned as potential resources. However, many members in the Hmong community cannot attend the events because it

conflicts with their work schedule. For example, events usually take place around 5pm, but that is when people are still at work or getting ready to go to work. Also, on the weekend, there are other family obligations that take precedence over a resource fair.

....it [resource fairs] just doesn't fit everybody's schedule because people always work late; 2nd shift or 3rd shift.

Furthermore, participants noted that when hosting a health resource fair or an event to share health information, it is very important to get the interest and approval of the elder leaders in the community.

When you appease them [elder leaders] and they think what you want to present to them is valuable, they will invite others to participate. If they don't think it's valuable, they will just dismiss it and not bother to inform others.

Participants agreed that people in their community need more health-related information and education on healthy living in terms of food and exercise. They mentioned that they have never seen health literature on tobacco use, physical activity, or nutrition at any health care offices or clinics. When asked about the best way to be provided health information, most participants said they would prefer to receive it in-person and from an expert.

[There are] no resources to access health information. [The] problem is that if they can read Hmong, they're more likely to be able to read English, but in our community 10% can read and write in Hmong and English. So even if it's print, it's not that accessible. So it's more visual learning; to have somebody come and teach.

Physical activity

Participants talked about hunting and gardening as ways people in the Hmong community get physical activity.

I know a lot of folk do gardening. They can do that all day long if they have time for it. I don't see them participate in anything else.

For many, there is a lack of physical activity among participants due to the types of jobs they have.

At my job, we sit all day, for 10-12 hours. If we do overtime we're allowed to do 14 hours...When we work, we can only sit. We are not allowed to get up.

Additionally, children, other life responsibilities, and a lack of time and energy prevent people from engaging in physical activity.

I only exercise when I can because lot of youth here start working at a young age. We started when we were 12-15 years old. Family over here is more low income, so as soon as we know that we can go out and get our own money and not use our parents' money, we would go through that stage where we work and go to school at the same time. Doing that made us very tired so we stop worrying about our health because we are more worried about the money and bills at a young age. Honestly, I am that way now. Now I work at a corporation working 8-4:30 but I have to make a 30 minute drive home and then it's 5 o'clock and I'm tired. There's still things at home that I need to take care of and then I have a one or two hour window for myself. I would rather just relax because I know the next day I am going to repeat the same thing again. Working out is not a relaxation for me.

The local fitness center was described by participants as an uncomfortable place for them. They would prefer to go to a community space where they can gather to workout with other Hmong people. Moreover, the membership is too expensive, the gym hours conflict with their work schedule, and the gym equipment is outdated.

The mainstream population has fitness centers, but our community doesn't have that. They could access that but they want to be more on their turf.

Participants said that people in the Hmong community enjoy the outdoors and that there is a need for trails and parks in which people can be active. Having outdoor spaces that feel safe and are accessible could promote physical activity in the Hmong community. Additionally, participants said they would be more likely to engage

in physical activity if a financial incentive were offered through their employer or Medical Assistance.

Healthy eating

The main barriers to healthy eating for participants are affordability and access. Although many Hmong families preferred to garden and plant their own vegetables during the summer months, it is hard to find farm land for that purpose.

I notice that Hmong people like to eat stuff that is grown rather than buying it at the store. We farm, but we run into issues of not having land to farm our own vegetables. When that happens, we eat more meat than vegetables. Now we're limited. We're surrounded by farm land, but to find a farm land that you can use to plant your own food, we can't find that. It's hard to buy organic vegetables and it's more expensive than getting meat. If we have land where we can plant garden it'd be easier to eat healthier.

Also, when it comes to cooking, Hmong people cook based on their knowledge, rather than following a recipe. What is considered healthy food by American standards is different from what Hmong people like to eat.

Obviously a hamburger is not as healthy as an apple. But with Hmong people, we don't eat apples, we eat mustard greens and that's healthy for us. In terms of healthy food, for us it's different from Americans. We don't eat apples, but it doesn't mean we don't eat healthy.

Suggestions for increasing healthy eating in the Hmong community included providing vouchers for farmers market where low-income families can purchase fresh vegetables or connecting people to farm land where they can garden and harvest their own vegetables. Another recommendation would be to offer healthy cooking classes that educate people about smaller portions and other strategies for having a healthy diet.

Tobacco use

Through first-hand experience and education, participants felt that there is a difference in tobacco use depending on the age and generation.

Our generation was fresh off the boat kind of deal. You didn't know better. You never saw or never really heard about the facts of cancer. Just being educated, we are able to teach our kids. When I was young, my dad just said don't smoke. They didn't mention why. For our generation, we went through it and have seen people go through cancer from smoking. We can see how bad it is and it allows us to go back and teach our kids that it's not good.

For the younger generation, as a result of accessibility to health education through social media, participants felt that youth today are less likely to smoke than past generations. Also, it is not as socially acceptable to smoke compared with the generation before when smoking was seen as cool.

With the generation that I see now, a lot of them don't smoke. I think the smoking generation started with mine and older, but a lot of these younger generation, the millennials, you don't see a lot of them smoking. So either school is doing an awesome job of teaching or everybody realizes smoking is not cool anymore and is going away from it. Down here [Walnut Grove] you can say 90% of the teens here don't smoke.

Elders are aware of the health risks associated with tobacco use, but still choose to smoke because many do not believe in secondhand smoke and the impact it can have on others.

Participants suggested education-related materials be translated into Hmong and that the community would benefit from classes to educate people about how to quit smoking. Specifically, grants that fund community outreach efforts should be used towards educating Hmong elders about the health effects of smoking.

Mental health

Mental health was mentioned as a health concern among participants, however, this topic was not discussed because it is viewed as a sensitive subject and a private family matter that can have a negative association. For example, participants shared that the Hmong community is very small in rural Minnesota and if someone admits to seeking mental health help, everyone will know and will no longer befriend that family. Also, the Hmong language does not have a term to accurately describe mental health.

Older people doesn't want to be labeled mentally ill or disabled. Their egos drop. They don't see that it's okay to be mentally ill.

Recommendations

Based on findings from these focus groups, Southwest Health and Human Services might consider:

- Hiring Hmong-speaking health care professionals and community health workers.
- Increasing access to services (human services, medical, dental, mental, and public health) near Walnut Grove and Tracy.
- Negotiating with local health clinics to accept government insurance, particularly for dental care.
- Working with regional employers to implement workplace wellness programs.
- Collaborating with community/school to create and sustain community gardens.
- Connecting existing resources/services to the community in a culturally appropriate manner.

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