

A Framework for Addressing Health Disparities in Hmong America

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THE 21 COLLECTIVE

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Introduction and Executive Summary

Before the Covid-19 pandemic hit the United States in March of 2020, it was nearly impossible to imagine a virus so catastrophic that it could alter almost every aspect of daily life. Unfortunately, we are now all too familiar with the destruction and horror such a global health emergency can bring to our communities.

We have seen systemic failures in our public health system, and those failures disproportionately impact under-resourced communities, including the Hmong American community. Recent studies [1] confirmed that the Hmong American community is disproportionately overrepresented in Covid-19 deaths in Minnesota, where a large population of Hmong American families reside. This inordinate impact was exacerbated by the lack of response plans and resource allocation strategies to address the unique needs of the Hmong American community. Sadly, persistent and devastating gaps like those revealed in this pandemic exist throughout American society, as we as a country have failed to address them strategically.

The Hmong American Healthy Equity Project, an effort launched in June 2021 by The 21 Collective, believes there needs to be a new hyper-local framework for underrepresented and immigrant communities. The framework hypothesizes that disparities can be better addressed, and investment efficiency significantly improved, if an underrepresented community intentionally activates with community-specific interventions. The project incorporates six essential principles, each with a corresponding improvement in return on investment:



A Change Mandate

There is demand for change from the community and galvanizing the public to make change happen will result in action



Trusted Messengers

Identify trusted messengers who will provide factual information through various trusted platforms



Resources Spent

Investing in resource delivery mechanisms that are meaningful and accessible to the community will result in higher impact and greater return on investment



Tailored Messages

Understand community-specific context and create solutions that are inclusive of information delivered to the community with crucial cultural context embedded



Easy Access Points

Ensure that there are additional points of access tailored to the unique cultural and social components of the community



Endured Habits

Community members adopt behavior and belief changes resulting in sustained engagement and action

The Hmong American Health Equity Project designed and implemented a comprehensive survey of a representative population of Hmong Americans residing in Minnesota's Ramsey and Hennepin Counties to test this framework. Panelists were surveyed via bilingual phone banking or self-administered web surveys. Findings from almost 1,000 surveyed households support the framework principles. They indicate that these ideas can be successfully applied to address health disparities from the ongoing Covid-19 pandemic, and ultimately future public health campaigns as well.

Report Section 1: The Devastation of the Minnesota Hmong American Community by Covid-19



Yesterday, our nephew called to share the sad news that his wife had passed. He asked if we would help him plan the funeral ritual. At first, we wanted to say no because we wondered if anyone would even come to the funeral or be willing to come help. Everybody is so afraid, especially with the recent news that many people are catching it at large gatherings like funerals. But we realized that people will still come because she died of cancer and not Covid-19, so maybe people would be willing to help. This morning, we started a list of the elders and ritual keepers for the funeral service. We were halfway through the list of roles we needed to fill but then realized that we may not be able to find people. More than half the elders and ritual keepers on our list had died in the last year from Covid-19.

-Chao Tao and Vang Thao Moua, February 2021

There are only eighteen last names or family groups among the Hmong living in America, and people with the same last name cannot marry each other. Hence, there is a dynamic web of close family relationships among all Hmong American families. The loss of a member of one family is felt and multiplied among all Hmong families across the U.S. and around the world.

There has been much loss. A report from the Council of Asian American Leaders in 2021 stated that the Hmong community represented 49% of the overall Covid-19 deaths in Minnesota's Asian community, confirming that the Hmong community is disproportionately overrepresented. One reason for the overrepresentation is general Hmong American health. Over the last two years, research has shown that communities with underlying health vulnerabilities have been disproportionately affected by the Covid-19 pandemic. As political refugees, many Hmong Americans came to the United States with a host of underlying health conditions, and their change in diet and shift in lifestyle once in the U.S. further contributed to diseases like obesity, diabetes, hypertension, gout, kidney failure, and liver dysfunction. Another reason is overall low vaccination rates. Data shared by the Minnesota Department of Health, as of March 22, 2022, showed Asian Americans comprised only 6.35% of those who have been vaccinated.

The early and unexpected loss of life among the elders implied a loss of ancestor knowledge and wisdom, and triggered hopelessness for those left behind. Mr. Moua mourned revered elders buried "as silent as thieves, devoid of the rituals and fanfare they need and deserve to escort them to the land of the ancestors." Mrs. Moua said, "It is most unfair to have survived the jungles in Laos, strived and thrived in a new life in this country, to only die in secret and in silence. It's just such an injustice to the souls of our elders." Behind the voice of every elder who laments this fact is a silent reflection about whether they themselves might face the same ending.

For this population, life events are validated when witnessed by the community, creating a communal, cultural, and social contract that crosses time and space, and binds the generations. Thus, the impact of Covid-19 cannot simply be measured by mortality rates but must also be tallied by the permanent, untold psychological, emotional, social, and cultural consequences due to the inability to mark the occurrence of these life events. For traditional Hmong practitioners, for example, social distancing and quarantine regulations meant parents had to forgo the 3-day naming and blessing ceremonies for their newborns, forcing them to live with the potential consequence of an uncertain future when it comes to their children's health (both spiritually and physically).

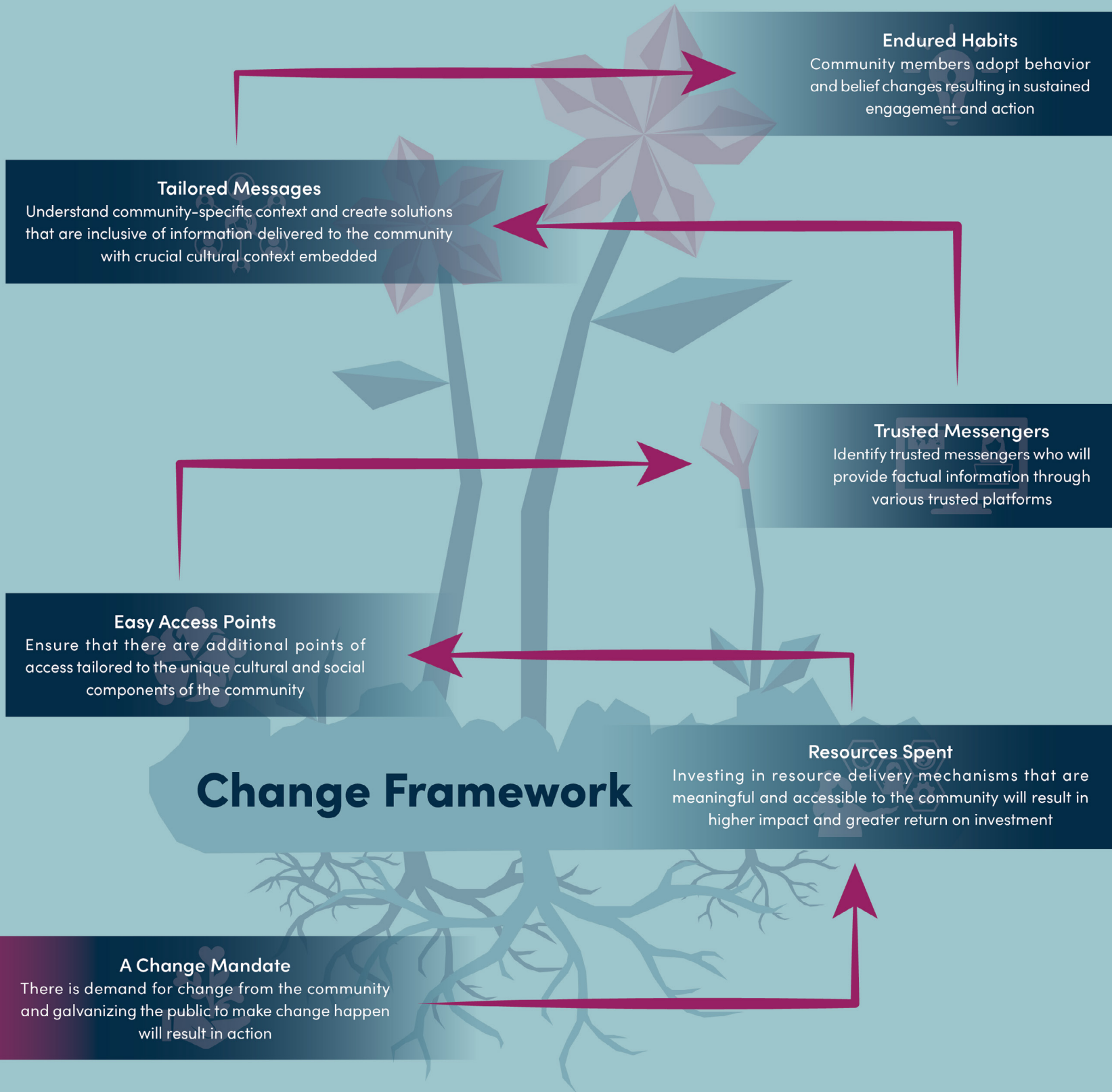
As the pandemic marches on and other health issues persist, immediate structural and programmatic changes need to be made in order to address the public health disparity for Hmong Americans.

Report Section 2: A Framework for Activating Hmong Americans

The Hmong American Health Equity Project proposes a change framework that addresses social and health disparities in underrepresented and immigrant communities focused on achieving higher efficiency by intentionally activating the Hmong American community itself. This framework would complement larger county, state, and federal public health frameworks, and includes six essential principles:



The Hmong American Health Equity Project proposed this framework and its principles within the context of the unfolding Covid-19 pandemic in the Hmong American community. The project designed and implemented a comprehensive bilingual community survey regarding the impact and perceptions of Covid-19. This outreach effort was designed to collect data, provide information to the community, and persuade action where necessary. Survey results were then reviewed for data quality, aggregated, and analyzed against the six proposed essential framework principles.



Report Section 3: Principles of the Framework

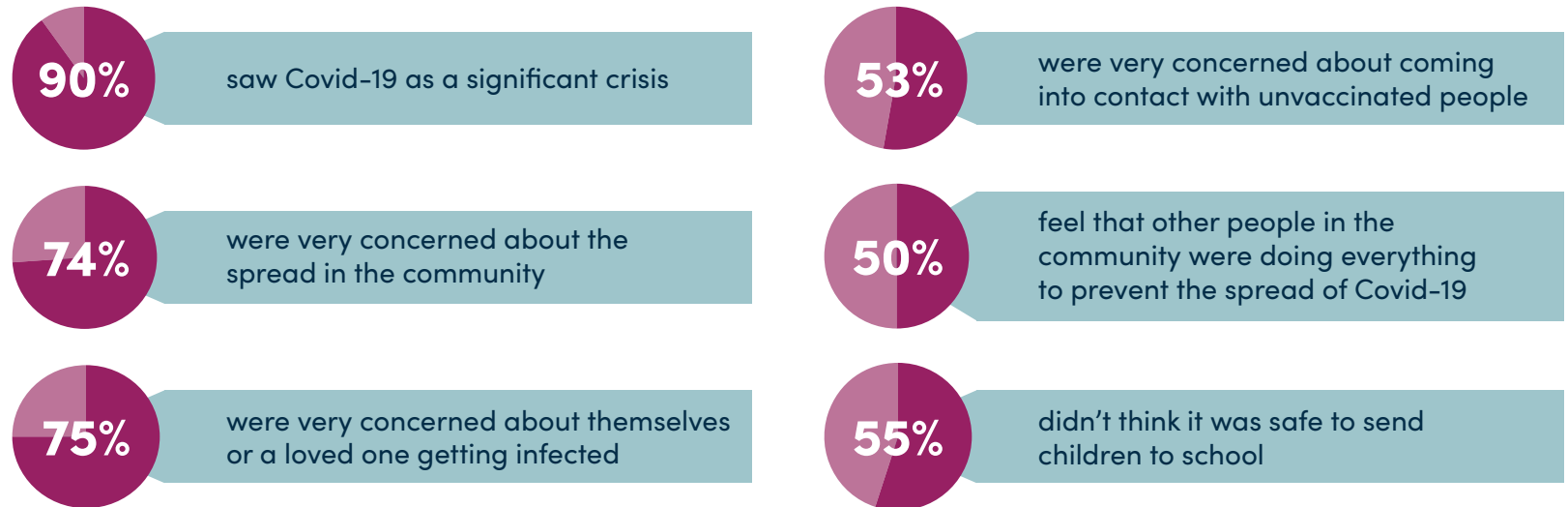


Principle I: A Change Mandate

Public will must exist for change to happen. The Covid-19 pandemic disproportionately impacted racial and ethnic minority groups, further compounding the health disparities already faced by these communities. Communities of color saw higher rates of infection, hospitalization, and death compared with their White counterparts [1]. These communities are more likely to begin working low-income jobs, live in large multi-generational households, work jobs that cannot be performed remotely, and utilize public transportation services. Those who can stay home often live with essential workers and are more likely to be exposed to the virus and test positive [2]. Communities of color also saw increased hospitalization and death rates, reflecting their higher rates of infection and underlying health conditions that ultimately put them at higher risk of serious illnesses if infected [3].

The Hmong American Health Equity Project survey results confirm a clear understanding of Covid-19 as a significant crisis in the community. This understanding and the community's sense of vulnerability were present across age, class, and gender groups. The survey results also revealed a mistrust of others in the community not complying with public health measures, and concern about institutional actors like schools. The community demanded data disaggregation and put pressure on decision makers to provide much needed leadership, while targeting resources to address these challenges.

Covid-19 perceptions amongst Hmong Americans in MN:



Key Lessons:

- Community frustration leads to new solutions
- Surveying community members around areas of social change illuminates pain points
- Community puts pressure on stakeholders to adopt change

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Principle II: Resources Spent

How resources are prioritized and expended to enhance access, expand education, and improve outcomes demonstrates how institutions prioritize communities. The state of Minnesota and its counties expended an extraordinary amount of resources early on in the pandemic. However, the return on this investment was limited by a delay in deploying community-appropriate means to provide meaningful information and direction. For example, few resources were invested in developing in-language media to inform the community about the risks and required regulations of Covid-19 or even where vaccine locations were located. Furthermore, initial vaccine appointments were exclusively available online and only in English. Survey responses tell us that during the initial rollout of vaccines, people reported that lines were long and it was difficult to find and make appointments; they didn't know vaccine locations, and they had to wait for enough vaccines to be available. Collectively, these issues compounded the difficulty for community members to access vaccines and find accurate information.

On an even more fundamental level, the failure to understand and appreciate Hmong American households' multi-generational nature left them with higher risks of infection amongst their elders. Many Hmong American families did not know that they could - or should - create alternative housing options. They did not know how to seek public resources, such as quarantine hotels, to keep elders and children safe when another family member was exposed. Public resources were available but not inclusive enough to mitigate risks for the most vulnerable.

Key Lessons:

- Generalized resource spending can result in significant coverage gaps with underrepresented communities
- How and when resources are focused and intentionally targeted is an important consideration in improving efficacy
- Invest in and activate the community to amplify efficacy

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Principle III: Easy Access Points

The Hmong American Health Equity Project's results consistently showed that placing Covid-19 vaccination locations at accessible, known community gathering locations was critical in increasing vaccination rates. Stories from the survey showed that most people received the vaccine at a local health clinic, pharmacy or school within their county. Respondents 60 years of age and older were as likely to get their vaccine from Hmong Village, a local marketplace, or their local health clinic. The largest opportunity here is to consider strategies that are not episodic or only happen when a major global health crisis emerges. Sustained presence and visibility lead to trust, and with trust comes an enormous open door to create deeper and more meaningful change.

The outreach project recorded many stories where a familiar access point, combined with ease of process, made a difference in whether people got vaccinated. In one of these stories, a young woman went online and couldn't get a vaccination appointment for her elderly mother. She then heard from a relative, who heard from another relative, that people could show up at the Hmong Village and be vaccinated. She was able to access the vaccine clinic easily, and her mother was able to receive her vaccine.

Key Lessons:

- Identify and utilize community access points to reach and engage the community
- Consider investing permanent resources to have sustained presence and visibility in these community locations, even during non-pandemic health campaigns



Principle IV: Trusted Messengers

The most effective messengers are credible community voices that can provide relevant and meaningful information across various interest groups. These messengers are often the most persuasive simply because they are trusted. Minnesota missed an opportunity to tap into trusted community voices as messengers to relay credible information about the virus, response strategies, and comfort in the midst of cultural crisis.

The outreach project concluded that the Hmong American community overwhelmingly responds to the voices of trusted sources, such as family members and friends. Furthermore, people with a 4-year degree turned to the MN Department of Health (MDH) and the Centers for Disease Control and Prevention (CDC) for trusted information. As the community is multi-generational, it is essential to tap into and activate a diverse cross-section of messengers.

Providing diverse platforms in conjunction with deploying trusted messengers multiplies the return on the investment. In the Hmong American community, as with all communities, there are multiple platforms where people access information. This includes: Youtube, Hmong news and radio channels (generally for people older than 40 years of age), and Facebook (generally for people ages 18-39).

Of those who reported they did not receive the vaccine, 34% stated they did not trust the government, and 32% were scared the vaccine would harm or kill them. Results also showed that older demographics frequently used herbs/Hmong medicine to address Covid-19. For those who chose not to get vaccinated, questions remain around whether outreach efforts by credible sources could have made a difference.

Key Lessons:

- Understand where communities receive their information from, who they trust, and identify trusted messengers that are credible across a range of ages, education levels, and institutions
- Invest in identifying and using mainstream and culturally relevant systems and platforms for information dissemination

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Principle V: Tailored Messages

When leaders want to persuade people to behave in a certain way, they take some steps to invest in understanding how people think, what motivates them to make choices, and what their perceptions are of the problem or issue that is being considered. To do this, they may issue message testing, polling, or focus groups.

Perhaps one of the biggest opportunities that exists right now, as we consider how to address disparity gaps, is truly understanding the audience and knowing what motivates them to take action. To our knowledge, there have been very few, if any, investments made to understand what matters to Hmong Americans in order to know how to reach them. The stories we were able to collect provide a small glimpse into how mainstream pandemic talking points have filtered into people's own perceptions about what they view to be accurate or not when it comes to Covid-19 safety measures and vaccines.

As mentioned prior, of those not vaccinated, many Hmong Americans chose not to get vaccinated because they "did not trust the government." When explored further, it became clear that this reason centered around the heightened pace of the research and vaccine approval process. Multiple panelists reported "I don't trust the government with the vaccines because of a lack of research and how fast the vaccine was approved for use." Utilizing trusted community members to deliver tailored and thoughtful communications about why the vaccine development process was so fast and its overall efficacy and safety, in both Hmong and English, would likely improve understanding for many Hmong Americans who share similar concerns.

Key Lessons:

- Understanding gaps in community knowledge is an important component of messaging
- Tailor messaging to incorporate appropriate cultural norms and practices, language, and terminology in native language
- A more concerted effort needs to be made to understand what messages resonate with people and move them to action

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Principle VI: Enduring Habits

The cumulative impact of this framework is the adoption of behaviors, actions, and habits that endure over time. Furthermore, change at this principle will ultimately affect the way the preceding principles evolve, are understood, and deepen impact and results.

Many vaccine-hesitant people became staunch advocates for vaccinations after witnessing how the vaccine and boosters saved family members from suffering and death. Stories like that of a 57-year-old panelist who shared that her elderly mother became infected with Covid-19 and was hospitalized for two months. At first, she was hesitant to have her mother vaccinated because the vaccine was so new, but her mother's underlying health issues and age caused the panelist to change her mind. The same panelist also witnessed several family members pass away from Covid-19, which cemented her belief that being vaccinated was better than the alternative despite her concern about its quick development.

Key Lessons:

- Community members who experienced the challenges of the virus first-hand are most likely to champion ideas and actions in support of public health measures; utilize them to be messengers with their family and friends, multiplying the overall impact and reach
- People more often choose to act when they have information on how to protect themselves and others
- When people build habits around how to protect and care for themselves and others, they are more likely to practice those behaviors in the future

Report Section 4: Conclusion

A hyper-local framework that addresses deep and abiding disparities in underrepresented and immigrant populations will activate a community and, most importantly, create long-lasting social change that will permanently alter that community for the better. As we've seen with the Hmong American community, the pandemic has laid bare the need for community-driven resources and interventions. When the Hmong American community can tailor messages, messengers, and resources to the specific needs of its people, the resources are more effective and efficient. The Hmong American Health Equity Project proposes this framework to complement the broader work of communities and local government entities to catalyze change in future public health campaigns as well as equally pressing social challenges.

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About The 21 Collective

The 21 Collective is a national nonprofit working to ensure underrepresented communities have the knowledge, skills, and resources to build happy, healthy, and thriving futures.

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