Healthy Immigrant Families in Varied Environments (HIFIVE)

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Background

- Health status of Minnesotans historically among the best in the nation. However, this is not true for immigrants and minority communities in MN.

- Hmong and Hispanic adults in MN have high rates of overweight, obesity, hypertension, diabetes, and CVD risk factors compared to Whites.

- Less is known about diabetes or CVD risk among Somalis; clinical/anecdotal evidence suggests these are growing problems.

- Much remains to be learned about cultural, social, and psychological factors within immigrant communities that contribute either positively or negatively to their healthy transition into American society.
**GOAL:** To identify cultural, social and psychological determinants of **healthy transitions** among Hispanic, Somali and Hmong children and their families.

**Healthy Transitions:** 1) retention of health promoting behaviors and attitudes indigenous to culture of origin; and 2) adoption of health promoting and avoidance of health damaging behaviors and attitudes that are prominent within the broader US culture.
Specific Aims

• Determine extent to which psychosocial and socio-environmental factors impact the health of Hispanic, Somali and Hmong families.

• Determine extent to which “resiliency” factors promote health and buffer the impact of stress on health.

• Identify common and distinct determinants of health among Hispanic, Somali and Hmong families.
HIFIVE Conceptual Model

Resiliency/ Stress-Protective Factors
Coping, Religiosity, Social Support,
Social Capital
Social Connectedness
Parental/Family Involvement

Psychosocial Factors
Acculturation
Acculturative stress
Discrimination
Educational/work Challenges
Family Conflict
Mental Health

Healthy Transitions
Diet
Physical Activity
Health Care Access
Substance Use

Healthy Outcome
Prevalence of Diabetes and CVD
Risk factors for CVD and diabetes
HIFIVE - Phase 1

- Phase 1 has both quantitative and qualitative components:
  - Analyze SHAPE 2006 Adult and Child data by ethnicity.
  - Conduct focus groups within Hispanic, Somali and Hmong communities in the Twin Cities.
  - Knowledge gained in Phase 1 will be used to develop and test a pilot survey (Phase 2) to assess the critical cultural, psychological and social factors identified as important to the health of immigrant communities.
Results – SHAPE 2006 Adult data

- Psychosocial Factors – Psychological Distress
  - Somalis reported significantly less distress (p=.0003) & were less likely to have been diagnosed with depression than non-Hispanic whites (p<.0001).
  - US-born Blacks reported significantly more distress (p=.001) but did not differ from whites in diagnosed depression.
  - Hmong reported more distress (p<.07) but were 80% less likely (p=.008) to have been diagnosed with depression than whites.
  - Mexican-Americans did not differ from whites in reported distress, but were less likely to have been diagnosed with depression.
Results – SHAPE 2006 Adult data

- Psychosocial Factors - Discrimination
Results – SHAPE 2006 Adult data

• Meets physical activity recommendations

• Immigrant groups similar to whites in daily fruit & vegetable consumption; US-born Blacks 43% less likely to eat 5+ servings/day (p=.001).
Results – SHAPE 2006 Adult data

- Odds of rating own health as fair or poor

- Compared to whites, all minority and immigrant groups were 4-6 times *more likely* to have diabetes.

- Somalis were two-thirds *less likely* to have high blood pressure; US-born blacks >3 times more likely to have high blood pressure.
Results – SHAPE 2006 Adult data

- Community & Neighborhood Factors

- Hmong, MA and US-born Blacks are half as likely as whites to report feeling their neighborhoods are safe.

- US-born Blacks also report significantly less neighborhood social cohesion, but immigrant groups find their neighborhoods to be cohesive.
Summary of SHAPE findings

- Immigrant and refugee groups in Hennepin County vary widely on social determinants of health, including psychological and neighborhood & community factors.
- Somalis appear to experience better health and more favorable risk profiles than Hmong or Mexican-American participants.
- US-born Blacks in Hennepin County consistently have poorer health, more risk factors, and lower resiliency factors.
Next Steps – Qualitative Component

• Focus Groups

• We will seek input from community members on psychosocial, cultural, and socio-environmental factors believed to be important for health within their communities.

• 4 focus groups each within Somali, Hmong, and Hispanic communities, with 8 adult (aged 18+) parents or caregivers of children included in each group.

• Focus group data collection scheduled for November 2010 through February 2011.
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