

Young Hmong Adult Perspectives on COVID-19

A cross-sectional study of Hmong volleyball athletes



A special report prepared by:



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EXECUTIVE SUMMARY

The Hmong population, an oft-invisible Asian Pacific Islander (API) community, has experienced significant COVID-19 morbidity and mortality. Engagement with the Hmong community to adopt preventive measures, such as COVID-19 vaccinations and booster uptake, is necessary to curb ongoing COVID-19 disparities; however, heterogeneity within this cultural group makes it difficult to use a blanket approach. This project aimed to capture various COVID-19 perspectives from young Hmong adults to inform future culturally-tailored interventions and approaches.



EXECUTIVE SUMMARY

As part of a community effort to improve physical activity and mental health within the Hmong community, a survey was conducted as part of a co-educational outdoor volleyball tournament registration process. The survey included questions on sociodemographics, COVID-19 primary vaccine series and boosters, perceived risk of COVID-19 infection, and trust and sources of health information.

A total of 156 Hmong athletes initiated the survey, with 96 completed survey responses. Most Hmong athletes were between 18-25, identified as male, and had health insurance. Although conveniently sampled and generalizability limited, this cross-sectional study identified an overwhelming amount of young Hmong adults who have completed their COVID-19 primary vaccine series. Meanwhile, only 70% of young Hmong adults have received their boosters. Among those that were not boosted, many felt they had received insufficient COVID-19 information compared to those that were boosted.

Overall, this report found several opportunities to better strategize COVID-19 prevention efforts for the Hmong community (e.g., providing vaccination efforts outside of standard operating hours).

BACKGROUND

Ongoing surveillance data on infections and mortality of coronavirus disease 2019 (COVID-19) paint a sobering picture for many Asian Pacific Islander (API) communities.[1] In some US states and localities, Asians are dying more than their White counterparts.[2] The Hmong population, an oft-invisible API community, has experienced significant COVID-19 morbidity and mortality. In a 2021 seminal report by the Coalition of Asian American Leaders (CAAL) where COVID-19 deaths in Minnesota were disaggregated by Asian ethnic groups, it was discovered that almost half of all COVID-19 deaths in the Asian community occurred in individuals of Hmong descent.[3]

Compounded with this unequal disease burden, the Minnesota Hmong community also lacks access to mainstream health information and healthcare services. Their barriers include few language-appropriate media outlets, limited digital and health literacy, limited cultural tailoring, misinformation, and disinformation.[4] Engagement with the Hmong community to adopt preventive measures, such as COVID-19 vaccinations and booster uptake, is necessary to curb ongoing COVID-19 disparities; however, heterogeneity within this cultural group makes it difficult to use a blanket approach. Data on perceptions around COVID-19 (e.g., vaccinations, perceived risk of COVID-19 infection) are lacking particularly among young Hmong adults.[3]



PROJECT OBJECTIVE

This project aimed to capture various COVID-19 perspectives from young Hmong adults to inform future culturally-tailored prevention efforts and approaches.

METHODS

Recruitment and data collection procedures

Between April and June 2022, Hmong community members in Minnesota were recruited from community-based organizations via e-mail listservs, social media postings, and in-person events. Community-based organizational partners ranged from cultural non-profits to clan-specific organizations. The online survey was administered through Qualtrics, a largely self-service, secure, web-based application for building and managing data collection forms. The survey, available only in English, was pilot tested with two Hmong community members before data collection.

As part of a community effort to improve physical activity and mental health within the Hmong community, the survey was fielded as part of a co-educational outdoor volleyball tournament registration process. Survey completion, therefore, was requisite for all players to enter and register for the tournament. While this recruitment strategy drew heavily on a limited and convenience sample, the data presented here are intended to gather exploratory insights into the young Hmong adult population in Minnesota, for which data are currently lacking or non-existent.

Survey measures

The 20-item survey included three sociodemographic questions, eleven questions related to COVID-19 primary vaccine series and boosters, four questions about the perceived risk of COVID-19 infection, and two questions on trust and sources of health information.

METHODS

Survey measures cont...

The specific survey variables are provided below:

Sociodemographic variables (3)

- Age in years
- Biologic sex
- Health insurance

COVID-19 vaccination and booster variables (11)

- Primary vaccine series status
 - Type of primary vaccine series received
- Among non-vaccinators:
 - Reasons for not getting vaccinated
 - Motivation(s) to get vaccinated
- Among vaccinators:
 - Vaccine experience
 - Location of primary vaccine series
 - Likely to recommend vaccination to others
 - Ease of vaccine access
 - Vaccine motivation
 - Booster status
 - Booster experience
 - Booster frequency preference

METHODS

Survey measures cont...

Perceived risk of COVID-19 infection variables (4)

- Concern that you/family member could get infected with COVID-19 within the year
- Past attendance at large Hmong gatherings
- Likelihood of attending large Hmong gatherings this year
- Continue mask wearing

Sources and Trust of Health Information Variables (2)

- Trust in public health agencies
- General feeling about the amount of COVID-19 information received

Analysis

Descriptive frequencies were calculated for all variables. Exploratory associations were assessed for perceived risk, the likelihood of attending large Hmong gatherings this year, and booster status and amount of information received. Crude relative risks (RR) and 95% confidence intervals (CIs) were reported for all bivariate analyses, and a significance level of 0.05 was set *a priori* for all statistical tests. All analyses were conducted in Stata version 17.

FINDINGS

Sociodemographics

A total of 156 Hmong athletes initiated the survey, of which 96 survey responses were completed and included in the analytic sample for a completion rate of 61.5%. Most Hmong athletes were between the ages of 18-25 (n=62, 64.6%), identified as male (n=69, 71.9%), and had health insurance (n=62, 64.6%).

Below are visual breakdowns of the survey data by COVID-19 topics (e.g., vaccine and booster variables, etc.):

COVID-19 vaccination data for primary series



95.8%

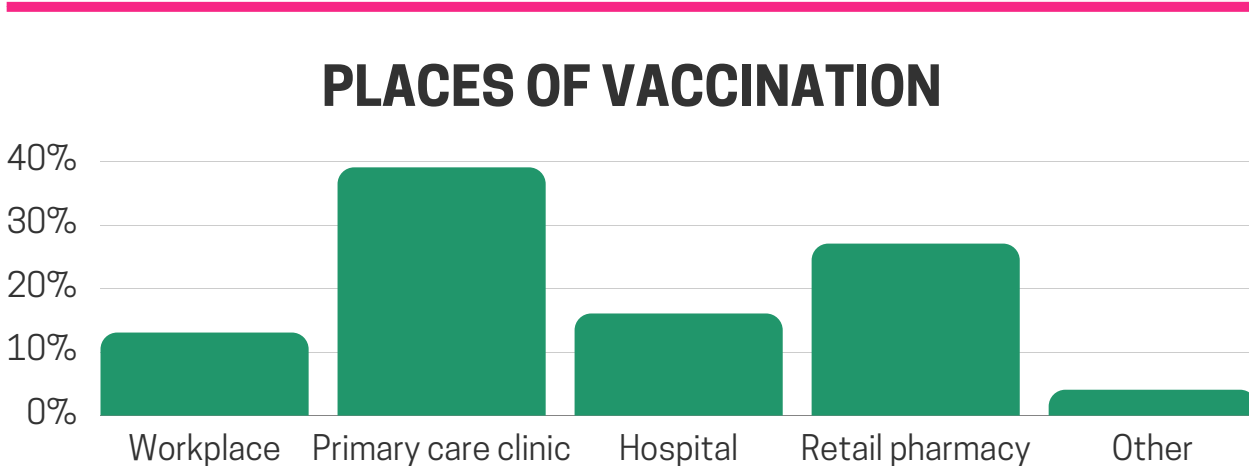
**WITH COMPLETED
COVID-19 VACCINE PRIMARY SERIES**

MOST ADMINISTERED COVID-19 VACCINE

Pfizer/Comirnaty

FINDINGS

COVID-19 vaccination data for primary series cont...



Primary care clinics

were the most common locations where young Hmong adults received their COVID-19 vaccine primary series.

LIKELIHOOD OF RECOMMENDING COVID-19 VACCINES

Almost **90%** of young Hmong adults report they are **extremely** or **somewhat likely** to recommend the COVID-19 vaccine to others.

FINDINGS

COVID-19 vaccination data for primary series cont...

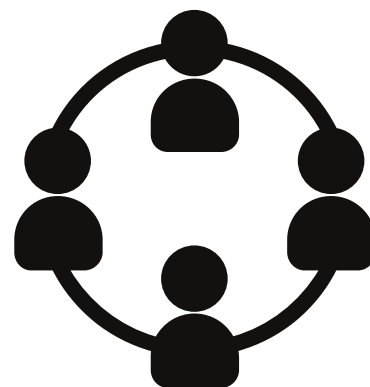
EASE OF VACCINE ACCESS

86.5%

of young Hmong adults found it **easy** to locate a COVID-19 vaccine.

TOP THREE REASONS FOR GETTING VACCINATED

To protect...



myself, my family/friends, and my community.

FINDINGS

AMONG THOSE WHO WERE **NOT** VACCINATED

WHAT **MADE IT DIFFICULT** TO GET VACCINATED

"It was difficult to make an appointment."

"The hours of operation were inconvenient."

WHAT WILL **MOTIVATE** YOU TO GET VACCINATED

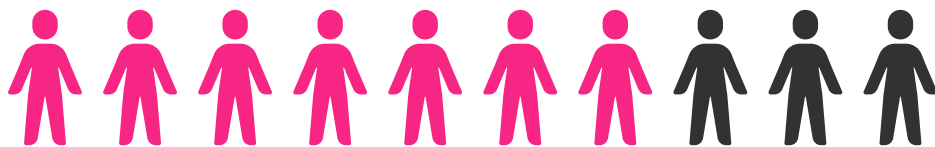
"Protect my health."

"Protect my family/ friends' health."

FINDINGS

COVID-19 booster data

DISTRIBUTION OF BOOSTED



70% of young Hmong adults have received a COVID-19 vaccine booster.

BOOSTER CHALLENGES EXPERIENCED

Access

- Wait time is too long
- Lack of transportation
- Hours of clinic operations were inconvenient



Knowledge

- Did not know where to get boosted

PREFERRED BOOSTER FREQUENCY: ANNUAL



FINDINGS

Perceived risk of COVID-19 infection data

LEVEL OF CONCERN WITH SELF/FAMILY MEMBER GETTING INFECTED WITH COVID-19

- Not at all
- A little
- Moderately
- Very



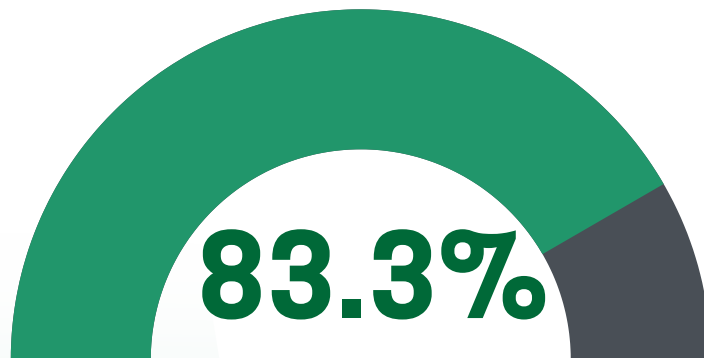
ATTENDANCE AT LARGE HMONG GATHERINGS (E.G., FREEDOM FESTIVAL, HMONG NEW YEARS)

45.8%

*Attended annually in
past year*

79.2%

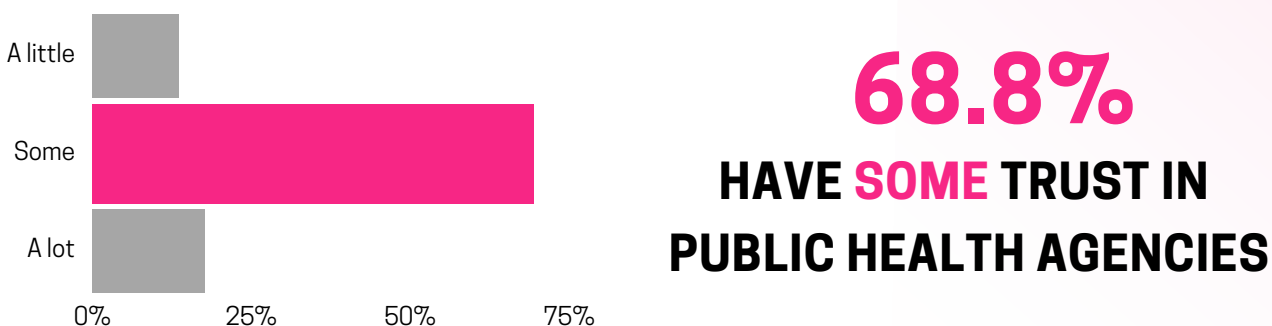
*Likely to attend
this year*



LIKELY TO CONTINUE WEARING FACE MASKS FOR THE NEXT SIX MONTHS

FINDINGS

Sources and trust of health information data



AMOUNT OF COVID-19 INFORMATION RECEIVED

77.1%

of young Hmong adults report having received a **sufficient** amount of COVID-19 information.

Exploratory associations

PERCEIVED RISK & LIKELIHOOD OF ATTENDING LARGE GATHERINGS

- Those who were very concerned about getting infected with COVID-19 were **19% less likely** to attend any Hmong gatherings this year, compared to those who had no concerns (Crude RR: 0.81; 95% CI: 0.68, 0.96).

BOOSTER STATUS & AMOUNT OF COVID-19 INFORMATION RECEIVED

- Those who reported that they did not have sufficient information were **24% more likely** to have not been boosted than those who felt they had sufficient information (Crude RR: 1.24; 95% CI: 0.62, 2.47).

CONCLUSION

Although conveniently sampled and generalizability limited, this cross-sectional study identified an overwhelming amount of young Hmong adults who have completed their COVID-19 primary vaccine series. They were also strong supporters of the vaccine with 90% of the sample reporting “extremely” or “somewhat likely” to recommend it to others. Their reasonings for getting vaccinated were to protect 1) themselves, 2) their family/friends and 3) their community.

Despite the strong support for COVID-19 vaccines, only 70% of young Hmong adults have received their boosters. Many of these individuals shared access and knowledge challenges related to their booster experiences. Among those that were not boosted, many felt that they had received insufficient COVID-19 information compared to those that were boosted. However, an overwhelming majority of the sample reported that they do have some level of trust in public health agencies. Educational campaigns from public health agencies (e.g., health departments, trusted community messengers) may continue to be an important cornerstone of COVID-19 prevention in the Hmong community.

CONCLUSION

Due to the economic shutdown and accompanying social isolation from the pandemic, many young Hmong individuals were eager to resume social activities. Most of the sample responded favorably to attending large Hmong gatherings this year (79.2%). The survey participants' eagerness to attend community events highlights an important point of entry for ongoing COVID-19 prevention interventions. Resources should be directed at providing vaccinations and educational information at these venues. It is also important to note that participants reported being likely to continue wearing face masks, regardless of current state mask mandates (or the lack thereof). This continued engagement in medical countermeasures illustrates young Hmong adults' commitment to protecting themselves and their community.

Overall, this report found several opportunities on how and where to better strategize COVID-19 prevention efforts for young Hmong adults, including:

- A need to expand vaccination efforts to be more accessible to community members (e.g., providing vaccination efforts outside of standard operating hours);
- Increasing educational efforts around how to identify, locate, and access boosters; and
- Localizing outreach and vaccination efforts to large Hmong community events.

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[4] Khuu, B. P., Lee, H. Y., & Zhou, A. Q. (2018). Health literacy and associated factors among Hmong American immigrants: addressing the health disparities. *Journal of Community Health*, 43(1), 11-18.



Questions? Contact us.

www.kaleidoscopellc.net
kaleidoscope.kawmthiabsiv@gmail.com

