



# Resident Engagement Interviews

Interim Insights

07/24/2019



# Purpose.

The resident engagement interviews are intended to help frame and inform the overall project.

We are piloting the kinds of questions we will include in the larger resident engagement effort that will occur in the summer of 2019.

Insights from these interviews are also informing the horizon scan.

We intentionally included the perspectives of low- and moderate-income individuals and others who might face more challenges to health and wellbeing to ensure their views are heard in this process.

# Methods.

Four locations (see map).

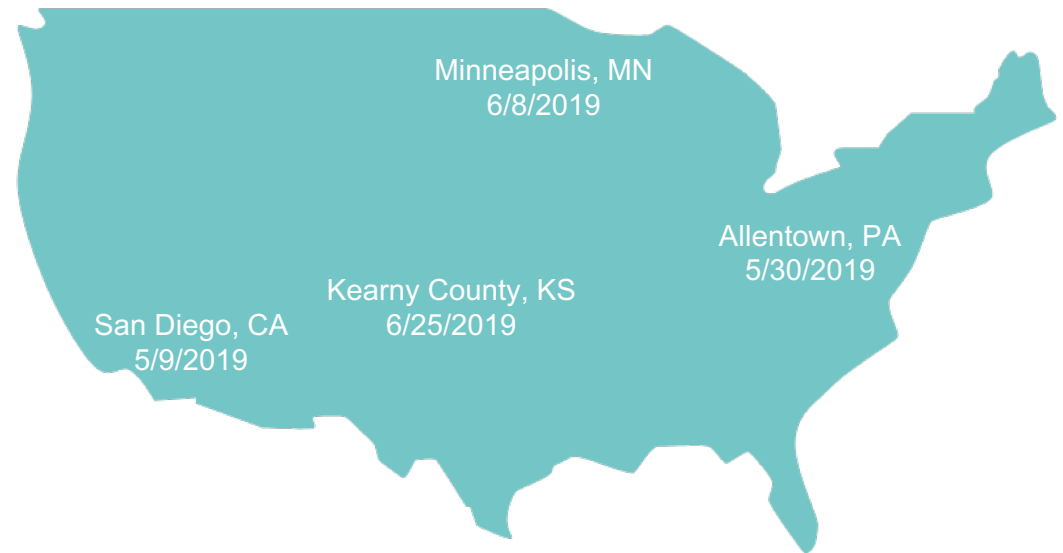
9-11 interviews conducted per site.

Interviews were conducted in multiple languages: English, Spanish, Tagalog, Vietnamese, Somali, Burmese, and Haitian.

Participants represent a mix of gender, races, health status, and ages.

Most have moderate- or low-incomes (<250% FPL).

A number of individuals born outside the US participated, including refugees.



# Early Themes....

family  
belonging  
income equality  
place  
technology  
faith + spirituality  
climate  
access to care  
trauma + stress  
education  
racism

# family.

## Present

However they define it, many interview participants say “family” is important for their current health and wellbeing.

Family provides emotional support, financial help, caregiving, housing, connection to culture. Many say their own wellness is tied closely to that of their family.

But family can be a source of conflict, criticism, and trauma. Some purposely disconnect from family. Others, particularly refugees, struggle with being far from family members who are still in their home country or living as refugees in other parts of the world.

Older interview participants take comfort in family. Some say helping family is their main purpose in life. Younger individuals say older family has helped them find their path.

## Future

In the future, many believe and hope family will still be at the core of their own personal health and wellness.

Future systems of care may need to be more family-centric, i.e., be designed to help entire families thrive rather than just focus on the individual.

Refugees hope to bring family members to the US to restore their family unit.

## Present

Belonging to a community is important to the health and wellbeing of many in the interviews.

Often these are virtual communities through Facebook, What's App, and other platforms.

Others are part of more traditional communities through church/temple, community centers, schools, tribes, etc.

They use these communities to get tips on motherhood, to learn about their health, to escape stresses of everyday life, to stay connected to their culture.

Many fear isolation. Belonging to community seems to reduce these feelings and to make individuals feel supported.

# belonging.

## Future

Most believe they will still need and want these human connections in the future – even if they increasingly become virtual.

Among many non-English speakers this means learning or improving their English language skills. They feel this will allow them to broaden their network of connections and become more involved with the community around them.

Older adults particularly fear isolation and believe belonging to community will be key to healthy aging in the future.

## Present

Many interview participants say their top worries are financial. Money is their main cause of stress.

Many work long hours and multiple jobs in order to get ahead and/or to be able to send money to family abroad – this affects their health.

Many say they cannot consistently afford medications, doctor visits, healthy food, after school activities for their children, and more.

They feel not having money puts them at a disadvantage when it comes to health and wellbeing. They cannot afford access to the kinds of things that help people thrive.

Still, among some immigrants who may have money left over at the end of the month for things like co-pays for a doctor visit, say they need those extra dollars to send to family abroad who are in greater need of the resources – especially if they themselves do not have a pressing health concern at the time.

# income inequality.

## Future

Most cannot envision a time when everyone – regardless of income – has the same opportunity to be healthy.

They feel those with wealth will have access to new technologies, healthier environments, better medical care, better food, etc. – while those with low-incomes will continue to be at a disadvantage.

What they want in the future? Equal access.

## Present

Many are not living where they want to. It's unsafe, crowded, too populated, has poor air quality, too cold (Somalian refugee in Minneapolis) and in a few cases, comes with hostile neighbors. They want space, trees, safety, acceptance, grass, warmth, privacy, parks.

A number are sharing homes with family. It helps financially but causes stress. "I feel a little desperate" said one woman.

Home ownership is a major theme. For immigrants, it's part of the American dream. It also connects to financial stability and to finally have something "in their own name," and leaving a legacy for future generations.

Most see a link between where they live and their wellbeing.

## Future

The future they want involves owning their own home and living in a place that supports their health. They also aspire to live in a place that offers more opportunities for themselves and their children in terms of well paying jobs and quality education. For older adults, it is convenience and being near family.

They feel affordable housing and built environments that support good health will be even more important to them 30 years from now.

# place.



# technology.

## Present

Technology plays a large role in people's life now. But some are mixed on whether it helps or hurts health.

Parents want to limit technology's impact on their children. They feel it makes them passive, inactive, disengaged, dependent.

Others see technology as empowering. They cite medical advances, using technology to monitor chronic health conditions, and overall a way to increase knowledge.

For some, technology is a way to relieve stress, connect to others, a source of joy, and improve their health (i.e. health tracking apps).

## Future

All agree technology will be more important in the future.

Most envision new cures and treatments and some see more self-management of health, more uses of artificial intelligence, and more.

They mostly see future uses of technology as positive – life saving and life enhancing.

Still, there is a desire for these technologies to acknowledge and possibly work in tandem with or integrate with traditional ceremonies and traditions. They do not want traditional ways to be abolished by technological advances.

# faith + spirituality.

## Present

Faith is a source of comfort and peace for some, even for those who may not be actively practicing religion. Their spirituality is something beyond themselves and helps center them and feel accountable for their actions.

Some have received counseling, companionship, political engagement, and practical assistance from their faith leaders/places of worship.

For many born outside the US, their faith is an important connection to their culture and identity. They believe strongly that their health and well-being is in the hands of God.

Some struggling with substance use say faith and spirituality have helped them stay in recovery.

Older participants particularly feel strongly that their faith is key to their wellbeing. It is something they are trying to pass on.

## Future

Many believe faith will still be a source of wellness and comfort in the future. But perhaps it will be less formalized, structured, institutionalized.

## Present

For some, climate change is a top concern while others are not thinking about it at all.

Those who are concerned feel we are neglecting it – not doing enough now to stem global warming, to protect our environment.

They are worried about changes in weather we are experiencing, water shortages, the wildfires. There are also concerns among some about poor air and water quality in their communities.

Some say this is already impacting their health – asthma, skin rashes, hearing loss, etc.

American Indian participants say they can no longer forage for traditional herbs (sage, cedar, etc.) in cities because of the carbon emissions and have to go out into the country to gather.

# climate.

## Future

Some feel climate change will be the biggest health challenge 30 years from now.

They worry about new viruses, mass water shortages, migration, and more.

## Present

There is a lot of frustration with the current health system.

It is seen as too expensive, overly complex, and driven by money/greed.

Some in this study are uninsured or underinsured. They cannot afford to access the care they need to be healthy and well.

Those with the most positive experiences often have many providers working together on their behalf. They also have good health coverage or more resources.

Still, among immigrant communities, those with quality health insurance are not utilizing the health care system regularly unless they are managing a serious health condition.

Several do not understand how their insurance plan works, about preventive care, networks, and deductibles and copays. In turn they simply do not use their coverage unless there is a true emergency.

# access to care.

## Future

Most are unable to think of a time in the future when everyone will have the same opportunity to access a system that will help them be healthy and well. Although, this is the first thing they would want if they were designing the future.

Some look outside the US for inspiration for the future – perhaps a universal system of care.

# trauma + stress.

## Present

Many in the interviews have experienced or are experiencing trauma. Others endure high levels of stress daily.

A few participants are battling depression, suicidal thoughts and actions, “darkness,” “crazy thoughts,” and substance use.

The daily grind for those working multiple jobs, without enough money, for single parents, for those new to the US who are not English proficient... it’s a lot to carry around on their own.

Few seem to be getting consistent treatment or care. They feel this is “just their life” or they have wanted treatment but cannot afford it or struggled to find a provider with whom they are comfortable expressing their feelings with.

## Future

Many hope that the future will include accessible systems and supports to help address emotional and mental health needs.

They also hope stigma is less – that it becomes the norm to care for emotional needs. A specific example of how they see this happening is having more providers of color, who look like them and speak their native languages and understand the unique cultural pressures they may be facing.

# education.

## Present

Education is universally valued. Although some participants have not completed higher education due to family responsibilities, health issues, or have not been able to apply their education here (non-English speakers), they believe it is important.

Without education they feel limited in many ways: in the types of jobs they can do (which are often laborious or sometimes dangerous), where they can live, and the opportunities they can provide for their families. They feel all of these factors impact their health and well-being.

They view education as a pathway out of poverty, for themselves to some degree, but especially for their children.

## Future

Some want to return to school to advance their education in order to increase their earning potential and be better able to provide for their families.

Though this is a difficult proposition when they think about how to balance their existing work and life responsibilities. They hope there will be opportunities through employers or scholarships to advance their education.

Many are focused on how to ensure that their children have access to quality education and to stay in school. This is a top priority for parents.

# racism.

## Present

Some in the interviews say they experience racism and bias frequently. Others (American Indian) feel invisible in society now.

This affects them emotionally, puts barriers in their way.

Many see it but feel it is just something they have to deal with – an obstacle they have to get around, they won't let it stop them.

Some believe racism is more in the open right now – more overt, in your face, oppressive. Others feel it is actually getting better.

## Future

Some believe racism will be less of an issue for future generations. They see this in their own children.

Others see this historic problem will not be solved in 30 years – there will still be groups of people oppressing other people.



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