CALIFORNIA Reducing Disparities Project Phase 2: Hmong Cultural Center of Butte County Zoosiab Program Evaluation

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EXECUTIVE SUMMARY

During the Vietnam War, many Hmong older adults suffered through the Secret War in Laos developed post-traumatic stress disorder (PTSD). Haunted by traumatic episodes, many of these elders were resistant to sharing their stories publicly, afraid to be open because of the stigmatization surrounding mental health. Many isolated themselves to deal with their mental health problems, as they did not want to cause their family members stress. However, the lack of social interaction oftentimes created new stressors and could worsen feelings of anxiety and depression.

The Hmong older adult refugee population in Butte County faces multiple cultural barriers to mental health services that require community-defined social interaction interventions, education on mental health literacy, in-language programs to address limited English literacy, inter-generational gap interventions, transportation to access services, and more. If left unaddressed, these mental issues facing Hmong older adults could severely worsen. Without access to in-language, culturally meaningful mental health information, services, and treatment, Hmong older adults would not be able to access any mental health information, services, and treatment. They could easily become further socially isolated and marginalized from American society. Many of them also face generational conflicts and language gaps with their family members and ethnic community, leading to declining social interactions with their younger family members and the American-raised Hmong community members. They might even experience a further decline in their mental health and physical health as a result of the increased social isolation.

CDEP PURPOSE AND DESCRIPTION

The purpose of the Community-Defined Evidence Practice (CDEP) Zoosiab program at the Hmong Community Center of Butte County (HCCBC) is to implement a Hmong community program to address the mental health issues and lack of access to mental health services for Hmong older adults in Butte County. The Zoosiab program is a community-based prevention and early intervention program that aims to prevent and/or reduce further mental health problems and social isolation among Hmong older adults by strengthening their sense of community and social engagement, improving both psychological and spiritual mental health, and increasing access to culturally and linguistically appropriate mental health services. The program is designed to be culturally meaningful and relevant for Hmong older adults and aims to improve access and utilization of mental health services, mental health status (psychological distress, emotional well-being), social well-being (social isolation, spirituality, social support), and general health knowledge for Hmong older adults in the program.

The major components of the CDEP Zoosiab Program at Hmong Cultural Center of Butte County include the following: Group Activities, Resource Connections, and Individual Services. Every year, the Zoosiab program serves approximately 70-80 Hmong individuals aged 50 years or older. Prior to the California Reducing Disparities Project (CRDP), the capacity of the Zoosiab program could only serve a maximum of 60 older adult participants. Since 2017, the CRDP helped the Zoosiab program serve an average of 25% more participants each year, substantially increase the number of the recreational groups from 3 sessions to 6 sessions per month, establish and implement a new health education program covering 5 major content areas (General Health, Mental Health, Life Skills, Physical Activity, and Cultural Enrichment), provide additional field trips per year, and double the number of participants that can attend each of these field trips. Throughout the CRDP, the Zoosiab program has been able to build and sustain a new community garden, purchase new shuttles to increase transportation capacity, develop

new cloud-based communication initiatives during the COVID-19 pandemic, and receive training and technical assistance to support HCCBC's sustainability initiatives to develop into the cultural health center with comprehensive mental health, health, and social services for the Hmong community beyond Butte County across rural Northern California.

EVALUATION DESIGN AND METHODS

The evaluation design is based on community-based participatory research (CBPR) approaches, engaged with diverse stakeholders in Hmong communities, and applied CBPR methods in the practice of improving mental health and well-being of Hmong communities. The evaluation guidelines and structure also followed the principles and guidelines of participatory health promotion research. The evaluation team conducted trainings about community-based participatory research, community assessment/program evaluation, study design and planning, data collection protocol for individual and group interviews, qualitative analysis and coding, and use of software for quantitative and qualitative analysis with the project team members and community collaborators. A Zoosiab Advisory Committee (ZAC) advised on all components of the Zoosiab program and evaluation. The ZAC members included mental health/health professionals, Zoosiab program participants, Hmong community members, and Hmong community leaders/cultural brokers that served or represented the Hmong community in Butte County.

The evaluation focused on the Group Activities of the Zoosiab program. The evaluation sought to understand to what extent the Zoosiab program's recreational group and its subcomponents such as health education sessions, field trips, and community garden improved the access and use of mental health services, mental health status, social well-being, and general health knowledge of Hmong elder participants. We also conducted a separate formative community assessment of Hmong elder attitudes, beliefs, and preferences for mental health services to inform development of future mental health program capacity, communication, and informational materials. Further, we conducted process evaluation of all 3 components of the Zoosiab program (Group Activities, Resource Connections, and Individual Services).

The program evaluation used a community-based, mixed-methods approach and included outcomes evaluation and process evaluation components. The program evaluation components included: Baseline and 12-month follow-up participant Statewide Evaluation (SWE) Core Measures surveys of Hmong older adults (baseline: n=61; 12-month: n=54), health education surveys by five topical areas of Hmong older adults (pre- or post-surveys completed in 2018: n=222; 2019: n=235; 2020: n=192); three community focus groups with the service providers and caregivers of the Hmong older adults in the community (n=14); five participant focus groups with Hmong older adults (n=30); key informant interviews with Zoosiab program staff (n=12); and Zoosiab program participant notes and records (e.g., intake form, progress notes, vignettes, attendance/enrollment forms). The evaluation was reviewed and approved by the Institutional Review Board of the State of California.

EVALUATION RESULTS AND DISCUSSION

The Zoosiab program made major transformations to their program capacity during CRDP Phase 2. The Zoosiab program was able to:

- Increase its capacity to serve an average of 25% more participants each year,
- Double the number of the recreational groups from 3 sessions to 6 sessions per month,
- Expand recreational groups to a new location (Chico),
- Establish and implement a new health education program (topics covered: General Health, Mental Health, Life Skills, Physical Activity, Cultural Enrichment),
- Double the number of field trips per year and participants that can attend each field trip,
- Build and expand a community garden,
- Increase transportation capacity with more shuttles,
- Establish an Immigrants and Refugees Stakeholder Advocacy (IMM-REF) Program
- Develop virtual, cloud-based communication initiatives due the covid-19 pandemic,
- Provide community distribution of essential items and expanded home visits during the covid-19 pandemic,
- Move to an expanded cultural center site with large parcel of land for future development (2021),
- Receive training and technical assistance to support HCCBC's program sustainability initiatives to develop into the center for cultural health for the Hmong community beyond Butte County across rural Northern California.

The SWE Core Measures survey and Zoosiab program participant focus group results indicated that almost all Zoosiab program Hmong older adult participants at the 12-month follow-up expressed they liked the services they received (98%). Most participants also expressed that it has helped them deal with their daily problems more effectively (80%), reduced the severity of their mental health symptoms (72%), helped improve their performance in work and/or school (63%). All participants expressed the Zoosiab staff met their service needs (100%) and treated them with respect (91%). The Hmong older adult participants also indicated that their general health status improved over time after participating in the Zoosiab program (baseline: 54%; 12-month: 57%). In addition, fewer Zoosiab program participants experienced severe psychological distress after participating in the program (baseline: 65%; 12-month: 59%).

Almost all Zoosiab program older adult participants expressed that the Hmong culture gives them strength (baseline: 89%; 12-month: 89%) and they feel closely connected to the Hmong spiritual/religious traditions (baseline: 87%; 12-month: 91%), indicating strong social cohesion and support in the Hmong community. However, most participants expressed that they felt marginalized or excluded from mainstream American society (baseline: 74%; 12-month: 69%), indicating a significant cultural gap persists between Hmong older adults and the surrounding American society where they reside.

Furthermore, prejudice and discrimination barriers to accessing mental health services persisted with most participants at baseline indicating that they did not feel safe or welcome due to their limited English proficiency (68%), age (62%), religious/spiritual practice (61%), or race/ethnicity (52%). Many participants at baseline also mentioned structural barriers to accessing mental health services such as a lack of transportation, services were too far away, service hours were not convenient, high cost of treatment, and time constraints from work or

family obligations. In addition, some participants at baseline acknowledged some attitudinal barriers and perceived stigmas towards seeking help from mental health professionals such as concerns about being admitted to a psychiatric hospital, belief that mental health counseling or treatment would not help, or fear that the information provided to the counselor might not be kept confidential.

The participants of the health education sessions showed substantial improvements in their average knowledge scores (pre-post) by topical areas across the years. We can attribute the knowledge improvement of Hmong older adults from 2018 to 2019 to the successful in-language, culturally appropriate delivery of the health education sessions (e.g., Mental Health and Physical Activity) in the first years of the program, with the exception of a slight decrease in average scores (pre-post) for the Life Skills sessions in 2018 (data not available for General Health and Cultural Enrichment sessions in 2018). The average knowledge scores for the General Health, Mental Health, and Cultural Enrichment sessions decreased from 2019 to 2020. We can attribute the decrease in average knowledge scores from 2019 to 2020 for the General Health, Mental Health, and Cultural Enrichment sessions due to the program capacity limitations and stressors during the initial onset response to the COVID-19 pandemic, as these sessions for 2020 were administered between January and June of 2020. On the other hand, the average knowledge scores for Life Skills and Physical Activity increased from 2019 to 2020. We can attribute this increase for both these sessions in 2020 to the exceptional adaptability and resilience of the Zoosiab program staff and participants to the program changes from in-person group sessions to individual, virtual/phone communications during the COVID-19 pandemic with these sessions being administered between June and October of 2020.

CONCLUSION AND RECOMMENDATIONS

Community and culturally defined evidence practices such as Hmong Cultural Center of Butte County's Zoosiab program to overcome barriers to mental health services and improve mental health and wellness of vulnerable communities are more critical than ever. This Zoosiab program evaluation has documented that the core elements to cultivating healthy communities lie in the strength and resilience of the ethnic communities and their cultural capital. Ensuring continuing training and pipeline of culturally and linguistically appropriate mental health professionals to be able to deliver and sustain culturally relevant in-language services and health literate approaches are vital to mental health equity and ensuring Hmong and other vulnerable, ethnic communities have full access to mental health services and are not left behind.

Based on the key results from the Zoosiab program evaluation, we provide the following recommendations:

- Support building and expanding the service and administrative capacity of the Zoosiab program to deliver culturally and linguistically appropriate mental health services and healthy aging programs.
- Increase the geographical reach of the Zoosiab program to deliver mental health services and healthy aging programs across Butte County and other rural counties in Northern California.
- Strengthen public-private partnerships between Hmong Cultural Center of Butte County and governmental and non-governmental agencies in programs of diversity, equity, inclusion and belonging to reduce and eliminate the discrimination and structural barriers to accessing mental health services.
- Take into consideration the literacy levels and English proficiency of the Hmong participants in the development and implementation of the group activities and health education sessions' content, format, and associated materials.
- Train and cultivate mental health and health professionals to be able to integrate Hmong cultural practices with Western practices through standardizing professional school education curriculum and continuing education courses to include cultural competency and health literacy training.
- Build and strengthen Hmong cultural centers and initiatives to support preservation of cultural history, practices, beliefs, and languages in Butte County and across California to ensure Hmong traditions and languages are passed on to the next generation and to be able to serve as the cultural experts for delivering cultural competency training to mental health and health professionals.
- Establish a cloud platform where participants can easily access the Zoosiab program and health education session informational resources and materials virtually, either live or through a recording, during and post-COVID-19 pandemic. Shift towards increasing virtual access that is integrated with in-person group sessions should be prioritized.

- Increase the number of shuttles to be able to transport more participants to the group activities and health education sessions and provide childcare services to participants that need them to help increase participation.
- Ensure in-language, culturally concordant facilitators and instructors that conduct Zoosiab program group activities and health education sessions are more similar in age and gender as the program clients and deliver services that are respectful and considerate of their age and gender.
- Develop group activity and health education session content and materials based on participant interests by gender in addition to ethnic preferences to help both male and female Hmong older adult participants be more engaged with the session content and retaining knowledge.

INTRODUCTION

Between the 1960s and 1970s, many Hmong residing in Laos were secretly recruited by the U.S. Central Intelligence Agency (CIA) to fight against communism during the Vietnam War. This is also known as the Secret War in Laos. After American armed forces pulled out of Vietnam in April of 1975, a communist regime took over in Laos and ordered the prosecution and re-education (often in concentration camps) of all those who had fought against its cause during the war. Many Hmong fled to refugee camps in Thailand in fear of persecution. The Hmong refugees from the camps of Thailand came into the United States between 1975 and 2006, to get an opportunity for a fresh start at a new life (County, 2013).

According to the 2019 American Community Survey, there are a total of 326,843 Hmong people in the United States (American Community Survey, 2019). California has the largest Hmong population by state with 102,920 Hmong people. According to the US Census Factfinder, there are 9,057 Asians, including 4,139 Hmong, in Butte County (FactFinder, 2017). However, the Hmong Cultural Center of Butte County (HCCBC) estimates that there are actually approximately 7,000 to 10,000 Hmong in Butte County. The significant underreporting may be due to a majority of the Hmong population having limited English literacy and being hard-to-count. Of the total Hmong population in Butte County, HCCBC estimates that there are approximately 500 Hmong older adults ages 50 or older.

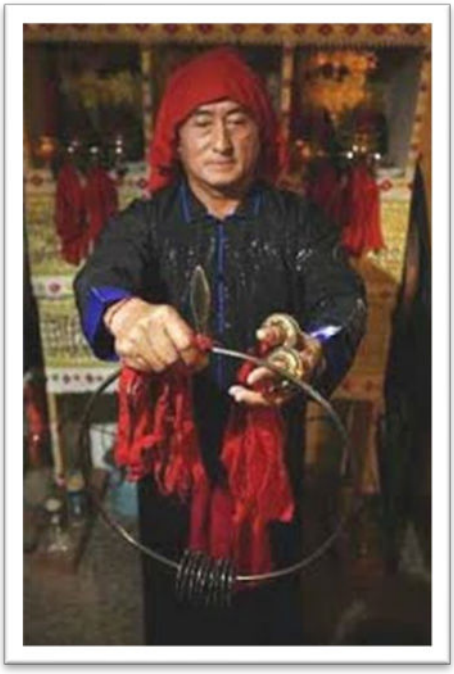
Because the Hmong people have an oral tradition in which there are no written records, their history has been passed down through legends and ritual ceremonies from one generation to another. The Hmong have remained identifiable as Hmong because they have maintained their own language, customs, and ways of life while adopting the ways of the country in

which they live (Vang, 2014).

One of the primary features of the Hmong community is the fact that they are a largely agricultural society as agricultural production cycles guide a handful of different aspects of Hmong life, including the timing of holidays and other cultural events, of courting practices, etc. Agriculture also strongly influences Hmong's religious beliefs and practices as many of the Hmong's religious rituals are centered around agriculture (Lee, 2005).

Another central Hmong belief is that there is a connection between the physical body and the spirit. When the spirit is not in harmony or not connected to the physical body, an individual may become ill. Hmong believe that symptoms of depression are connected to the loss of a person's spirit or soul (Lee, Lytle, Yang, & Lum, 2010). This is often associated with his/her mental well-being.

A shaman acts as an intermediary communicator between humans and the spiritual realm. They can perform a ritual to unite the physical body and the spirit (Xiong, 2016). Shamans are highly respected in the Hmong community because of their ability to bring spiritual harmony to ill individuals and serve as cultural counselors (Cole & County, 2013). A shaman offers a culturally detailed explanation of what has caused the symptoms of depression and instructs the individual in what to do to relieve the symptoms (Lee, Lytle, Yang, & Lum, 2010). Shamans are a great asset in the Hmong community, particularly because Hmong people have a hard time accessing Western mental health services.



Some of the limitations in accessing Western mental health services are due to cultural differences, stigma of mental health in the Hmong community, lack of education, financial barriers, language access, and transportation barriers. There is an ongoing concern for the

aging Hmong population in this country and more particularly in Butte County. There are little or no Hmong-serving organizations across Northern California. HCCBC is the most northern Hmong-serving organization in California and its Zoosiab program focuses on supporting the Hmong older adults with mental health issues in Butte County. HCCBC also serves the approximately 6,000 Hmong residing in surrounding rural Northern California counties such as Glenn, Shasta, Siskiyou, Sutter, Tehama, Trinity, and Yuba counties.

Hmong older adults have experienced the Secret War in Laos during the Vietnam War, and many have developed post-traumatic stress disorder (PTSD) as a result (Vang, 2014; Collier, Munger, & Moua, 2012). They are haunted by traumatic episodes which results in unwillingness to share their stories with others publicly for fear of stigmatization (Lee, Lytle, Yang, & Lum, 2010). Hmong older adults are often left alone to deal with their mental health problems because they do not want to cause stress to their family members. The lack of social interaction creates new stressors and often leads to anxiety and depression (Collier, Munger, & Moua, 2012). The Hmong older adult population in Butte County have mental health needs, resulting in their need for social interaction interventions, education on mental health literacy, in-language programs to address limited English literacy, inter-generational gap interventions, and transportation to access services (Vang, 2014; Cole & County, 2013; Collier, Munger, & Moua, 2012; Lee, Lytle, Yang, & Lum, 2010; Thao, Leite, & Atella, 2010). If these needs are unaddressed, Hmong older adults would not be able to access mental health information, services, treatment, may develop additional mental health issues due to stigmatization, become further isolated due to a decrease in social interactions with family and the community, and experience a decline in their physical health.

Mental health and mental illness are associated with significant stigma in the Hmong community. No one wants to talk about their 'mental health issues' with others because they do not want to "lose face" (Lee, Lytle, Yang, & Lum, 2010). When the term 'mental' is translated to Hmong, it means 'crazy.' People do not want to be seen and labeled as 'crazy' in the Hmong community. "Mental" is also a derogatory term in Hmong (Collier, Munger, & Moua, 2012). This is a major reason why Hmong individuals do not seek Western mental health services and care they need.

A 2013 mental health assessment by Dr. Elise Cole from California State University, Chico of HCCBC's Hmong older adults also found a lack of literacy for mental health as well as insufficient social and financial support (Cole & County, 2013). Furthermore, the majority of the Hmong older adults do not trust Western treatment methods, so they do not seek services right away, if at all (Collier, Munger, & Moua, 2012; Lee, Lytle, Yang, & Lum, 2010). Western mental health services are commonly the last resort when seeking mental health support (Thao, et.al, 2010). One study done at the University of California, Los Angeles found that only 59% of 302 Hmong participants were willing to seek Western health services and treatment, finding the Hmong to be the ethnic group least likely to seek out Western health services out of all the racial/ethnic groups (Chung & Lin, 1994). A survey conducted by Dr. Joseph Westermeyer at the University of Minnesota also found that 84% of 102 Hmong patients refused to seek out treatment for their chronic maladjustment disorders, even if

their symptoms brought them large amounts of discomfort (Westermeyer, 1988).

At the same time, a large proportion of the Hmong population has suffered greatly due to mental illness. One study found that in a sample of 225 Hmong patients, 80.4% of them were being seen for depression and 11.8% of them for post-traumatic stress disorder (PTSD). Depression and PTSD have been shown to induce traumatic nightmares, difficulty in social functioning, dysphoria, hypervigilance, and guilt (Lehrner & Yehuda, 2018). Anxiety, substance abuse, paranoia, somatic issues, and hostility are all additional conditions and symptoms that are common in the Hmong population, with common stressors being inability to access medical services, homesickness, and unemployment (Collier, et.al 2012).

These mental health issues compounded with the resistance to receiving Western treatment cause a lot of difficulties for our Hmong older adults in rural Northern Californian counties, with little or no culturally and linguistically competent outlets for them to turn to beyond HCCBC.

CDEP PURPOSE, DESCRIPTION & IMPLEMENTATION

STATEMENT OF PURPOSE

The purpose of the Community-Defined Evidence Practice (CDEP) Zoosiab program at HCCBC is to implement a Hmong community program to address the mental health issues and lack of access to mental health services for Hmong older adults in Butte County. The Zoosiab program is a community-based prevention and early intervention program that aims to prevent and/or reduce further mental health problems and social isolation among Hmong older adults by strengthening sense of community and social engagement, improving both psychological and spiritual mental health, and increasing access to culturally and linguistically appropriate mental health services. It is designed to be culturally meaningful and relevant for Hmong older adults and is aimed to improve access and utilization of mental health services, mental health status (psychological distress, emotional well-being), social well-being (social

isolation, spirituality, social support), and general health knowledge for Hmong older adults in the program.

CDEP DESCRIPTION AND IMPLEMENTATION

The major CDEP components of the Zoosiab Program at Hmong Cultural Center of Butte County include: Group Activities, Resource Connections, and Individual Services. The Zoosiab program serves approximately 70-80 Hmong individuals aged 50 years or older per year out of a total of approximately 500 Hmong older adults across Butte County. Prior to the California Reducing Disparities Project (CRDP) Phase 2, the Zooiab program was funded by the Butte County Department of Behavioral Health and the capacity of the program could only serve a maximum of 60 older adult participants per year. Since 2017, the CRDP has helped the Zoosiab program serve an average of 25% more participants each year. The long-term goal is to serve all Hmong older adults in Butte County and across rural Northern California.

In terms of enrollment, Zoosiab participants are enrolled on a rolling basis either at HCCBC or at their home with a staff member who can explain the benefits of the Zoosiab program. Zoosiab program participants are mental health consumers (past or current behavioral health consumers) aged 50 and above. Participants are assessed about their mental health status when they are first enrolled into the Zoosiab program with the questions “Do you have any medical condition and/or disability?” and “Were you ever a participant at Behavioral Health?” Once a participant is enrolled in the Zoosiab program, they receive services for the whole year, until the end of the fiscal year in June. Staff then re-enrolls all existing participants on the program roster each new fiscal year from July, unless they notify staff that they would like to be taken off the program roster, as well as enroll new members.

Until Spring 2021, the main offices of HCCBC in Oroville were located within a retail strip that is visible just off highway 70 and convenient for participants, with bus transit stops nearby, and plentiful parking. Since Spring 2021, HCCBC moved to a newly purchased, 4-acre property off highway 162 in Oroville.

CDEP COMPONENT #1: GROUP ACTIVITIES

The Group Activities of the Zoosiab program consist of recreational groups, field trips, and the community garden. Among the total Zoosiab program enrollees, approximately 50% of the enrollees are active in the recreational groups. Participants can attend both locations (Oroville and Chico) for the recreational groups. If the recreational group is held in Chico, the Oroville participants are able to attend; however, they have to find their own transportation to Chico, and vice versa. The lack of transportation options is a major barrier for the Zoosiab program enrollees to access the group activities. To get to the various group activities, the Hmong older adult participants rely primarily on the Zoosiab staff for transportation services to provide participants with rides to the group activities and home afterwards.

RECREATIONAL GROUPS AND HEALTH EDUCATION SESSIONS

Prior to the CRDP Phase 2, the Zoosiab program was only able hold recreational groups twice in Oroville per month and once in Chico per month. With the CRDP Phase 2, the Zoosiab staff were able to double the number of monthly recreational group sessions to take place twice a week (both on Tuesdays and Wednesdays), up to six times a month across 2 sites, which allowed the program to serve a bigger population, and improve participation. The Zoosiab staff also take one week a month for planning the recreational group activities. In addition, new health education curriculum and sessions that covered five topical areas (general health, mental health, life skills, physical activity, and cultural enrichment) were introduced and incorporated into the weekly recreational group activities from 2017.

Five Zoosiab staff (who are all fluent in Hmong language and of Hmong descent) facilitate the recreational groups and are responsible for program planning. The lessons and activities planned for recreational groups are facilitated in a structured manner with cultural and linguistic considerations, e.g., explaining the lessons in Hmong language and providing cultural orientation and comparing similarities and differences between the Hmong and American cultures (then vs. now). Participants are able to gain knowledge in a way that is culturally appropriate for them.

For example, the staff facilitates the recreational groups in the older adults' native language and tailors the exercises to traditional Hmong ways of daily movement. Another example is that self-care is a concept that Hmong older adult participants often forget, and the staff provides a toolkit of self-care items for the participants, reminding and showing them how to take better care of themselves. Further, the staff uses health literacy approaches and visual images to explain a variety of health topics that makes it easier for the Hmong older adults to understand.

For the health education sessions, the Zoosiab staff attended the Wellness Recovery Action Plan (WRAP) training at the beginning of 2017 to help develop the initial structured curricula for the new series of health education sessions. The health education sessions cover five major health topical areas (general health, mental health, life skills, physical activity, and cultural enrichment). The health education series for each topical area takes place weekly over a 2-month period at a time and includes six 1-hr sessions in length. We adapted the already developed curriculum from previous year(s) and introduced new educational components each year to facilitate each of these set of sessions by topical area.

Oroville's recreational groups have been held weekly on Wednesdays at HCCBC's recreational room from 10am-1pm (3 times per month). The average recreational group size for Oroville is 25-35 participants. The room has tables, chairs, water dispenser, flat screen TV, computers, and cultural artifacts on the walls to make the older adults feel at home and welcomed. HCCBC creates a safe space for the Hmong older adults to discuss their mental health related issues. Participants feel safe because staff speak the language and understand culturally what they are going through. Staff provides cultural counseling to the participants, speaking their language and encourages the participants to speak to their family about their mental health. If the weather permits, Oroville's recreational group may sometimes take place at local community parks.
The Staff takes participants to the community parks when there is a request from the participants and when there is planned exercise or other physical activities.

Currently, Chico's recreational groups are weekly on Tuesdays from 10am-1pm with an average of 10-15 participants that attend each week (up to three times per month). The weekly activities are similar to the Oroville recreational groups. Chico's recreational groups are held at East of Eaton Apartments in their community center. These apartments are CHIP Housing which caters to low- income families, which includes Hmong families. Chico's recreational group also sometimes takes place at local community parks on sunny days.

During all recreational groups, a meal is provided as a sign of cultural respect for the older adults. The staff always makes sure to consider the Hmong older adult participants' input in deciding what meal the Zoosiab staff should provide. If a meal request is unfamiliar to the staff, the staff will ask the participants for guidance on how to prepare it. It may include traditional Hmong dishes, for example, blanched vegetables, boiled chicken, and pork with greens.

A typical recreational group starts at 10am, meaning that participants arrive at the HCCBC site (Oroville or Chico) at 10am. The HCCBC staff gives participants a 15-minute late rule as a cultural consideration, and then staff start the health education lesson from 10:15am. The lesson presentations go for 15 minutes and then another 15 minutes for the activity that relates to the lesson topic. For example, if the topic is physical activity and the subtopic is arm and leg movement, the staff then educates the participants about why arm and leg movement is good for the body and the group can discuss who moves their arms and legs on a daily basis. Participants are also able to share with one another about their ways of exercising their arms and legs. Sometimes, participants even relate their arm and leg exercise to those they did when they lived in Laos and Thailand. After the lesson, staff facilitators would show the participants some simple arm and leg stretches that are appropriate for the older adults, knowing that some older adults have limitations due to injuries. At 10:45am, staff then give out written information resources pertaining to the various subtopics covered. Information resources include events that are happening that week and some tips about the subtopic. The staff encourage participants to share these resources at home with their families. The written information resources about events are in English and the tips about the subtopics covered are both in Hmong and English. The staff explain to them in Hmong and highlight the tips.

From 11:15am to 12:00pm, there are informal, traditional cultural exchanges among community older adults. These unstructured networking sessions are for the Hmong older adult participants to engage in conversations with their peers, share community news, discuss family/community issues, and provide cultural support to each other. Participants talk about their daily lives, their family, what is going on in the Hmong community, and try to connect with other people who did not come to the group that day. For example, if a regular recreational group attendee is not present, their peers will ask about them and staff then reply that their peers should give them a call and ask them directly because of the Health Insurance Portability and Accountability Act (HIPAA). The older women usually talk amongst themselves, and the older men talk with each other. This is a generally seen in the Hmong community because the older men are seen as the head of household and often talk about community issues and current events. For the older women, they mostly talk about housework, family, and gardening.

For the female staff, they know that the custom is not to interfere when the older males are discussing with each other. The female staff greet and ask how they are doing and ask if they have any questions or comments during the lessons. During the networking sessions, the female staff respect the Hmong customs of the older adult males. The male staff are the ones who interact and converse with the older males during that time. Likewise, the male staff know that it is the custom to respect the older females during the networking sessions and have the female staff interact and converse with the older females during that time.

The staff report that the older adult males talk about current events around the world, health, minor politics, the war life, and life in Laos and Thailand compared to life in the US (e.g., refugee experiences). Both men and women talk about different types of traditional medications to help with certain types of health conditions and illnesses. In some conversations, the men talk about spiritual practices to improve one's health condition and that the expensive Western medications are not covered by their medical insurance. The Hmong older adults in these informal community exchanges also do encourage the staff and the younger generations to keep the Hmong language and culture alive by speaking and practicing

the language and attend cultural events, such as Hmong weddings, funerals, and spiritual events (*hu plig* – soul calling, *ua neeb kho* – spiritual healing, etc.).

From 12:00pm to 12:45pm is lunch, with the meal selected based on the recommendations from the Hmong older adult participants. Sharing meals is an important cultural gathering that allows for important informal community exchanges among Hmong older adults. The last 15 minutes of recreational group from 12:45pm to 1:00pm is for the participants to help the staff with clean up before they leave.

Recreational groups are culturally relevant to the Hmong community because the older adults are able to interact with their older adult Hmong peers outside of their homes and be able to engage in conversations about family and community issues and provide regular cultural support to each other. Recreational groups act as a form of counseling and social support for the Hmong community. When the older adults were back in Thailand and Laos, they would gather as a community to discuss important matters that involved community leaders from each clan and each family that the matter pertains. Hence, this recreational group format is something they are familiar with from previous cultural experiences in their homeland. Coming to recreational groups, participants are able to continue the Hmong counseling practice and cultural support in the American context. A key component in traditional group counseling and support is to provide community support when a particular family is experiencing health problems or relationship problems. When a particular family experiences these hardships, they would consult with their clan or community leader. The clan or community leader would call on other relevant leaders to discuss the matter with the particular family.

The resolution for family issues is based on a group consensus. The family will follow what the consensus resolution is for their issue. As mentioned already, the Hmong community does not talk about their mental health to other community members openly due to stigma. When participants come to recreational groups, they are able to discuss their mental health more

comfortably with one another because they know that everyone in attendance is experiencing some mental health issue.

FIELD TRIPS

Group activities also include field trips. The length of field trips varies depending on location. Zoosiab staff coordinate field trips quarterly (4 times a year) and additional field trips are planned if there are participant requests each year with CRDP support. The average participant size for any field trip is 40-45 participants (~50% of the Zoosiab enrollees) and includes participants from both service locations (Oroville and Chico). Field trips are intended to increase participant's social interactions and increase mental well-being. Field trips include both in-county and out-of-county locations. HCCBC has observed over the years that Hmong older adults do not often leave their house, let alone their town. According to Glei et. Al., their research concluded that older adults' participation in social activities outside of the family have significant impacts on mental well-being (Glei, 2005).

Field trips are culturally appropriate for the Hmong older adults because they feel more independent when they are away from their homes. Hmong older adults used to walk mostly everywhere they went when they lived in Laos and Thailand. They could go explore the beauty of the hills and forests without any worries as well as forage for food. Now that they are here in the US, nature and foraging for food has limitations and is not readily accessible without some type of transportation. Staff members are able to provide excursions and support the older adults in experiencing new natural sites and cultures through field trips. Participants are able to explore new sites and interact with others outside of their immediate family, similar to when they lived in Laos and Thailand, and this helps to cultivate independence. Zoosiab staff takes the older adults on field trips to reduce social isolation and build natural peer supports and relationships, thus increasing their mental well- being.

COMMUNITY GARDEN

Zoosiab staff first identified a community garden site in January 2018 in collaboration with a local community partner. The first participant visits to the community garden started in May 2018. From June 2018, vegetables that were planted included corn, green beans, long beans, cucumbers, squash, and cantaloupe. The first harvests from the community garden took place in August/September 2018 and the participants have been able to bring the harvest home to share with their family and friends. The crops have also been distributed to partnering agencies as well. Program staff identified a new location for the community garden in May 2019. The new location is in Oroville and closer to the participants in the Zoosiab program. Since identifying this new community garden location, the Zoosiab program staff have also been able to better support the Hmong older adult participants' engagement with family members (e.g., spouse, grandchildren, relatives) and other community members who go to the community garden with them. In Spring 2021, the community garden site was moved to new site at the newly HCCBC purchased 4-acre property.

A community garden is a therapeutic intervention that is culturally appropriate to help increase Hmong older adult participants' social interactions. The therapeutic garden has promoted community involvement, mental well-being, socialization, and physical activity (Detweiler, et al., 2012; Maller, 2005). The community garden is culturally appropriate because Hmong have lived their lives as farmers (National Hmong American Farmers: History and Culture, 2017).

The Zoosiab program encourages older adults to practice their traditional farming and gardening skills, alongside the therapeutic gardening. Participants are free to tend to the community garden on their own and go with their family members or friends to the garden. In addition, on certain days each week, Zoosiab staff have been able to assist participants with transportation and supervision to the garden from 9am-12pm. Garden dates/times are separate from the dates/times for the recreational groups and field trips. Participants also get a chance to share and distribute their locally grown crops with family, community members and partnering agencies.

One additional cultural activity at the community garden enabled by CRDP is that participants are able to build a *tsevteb*, a traditional Hmong hut seen as a culturally-centered place for relaxation and socialization. Building a *tsevteb* allows the Hmong older adults to have a sense of ownership of the community garden, as well as help Hmong older adults connect to their traditions, and therefore feel more at home in the community. In collaboration with the Koomtes Youth Program, Zoosiab Hmong older adult participants engaged with the youth in watering and conversing about the plans and tending to the garden, building and strengthening family and community relationships across generations.

COVID-19 PANDEMIC

During the COVID-19 pandemic period and shelter-in-place restrictions in 2020 and 2021, most group activities had to be cancelled or drastically limited. It has adversely affected Hmong older adults' mental health, physical health, and social engagements due to shelter-in- place restrictions, associated lack of access to resources, and increased anti-Asian hate developments in the community. The HCCBC staff adapted quickly during the onset of the shelter-in-place period to be able to continue to deliver services seamlessly to the older adult Zoosiab program participants, transitioning from in-person group activities to virtual one-on-one services. Initially, the recreational groups became initially one-on-one 30-minute sessions by phone with the staff calling each of the older Hmong participants once a week to check in on how they are doing. The field trips and community gardens also had to be initially cancelled.

Later during the pandemic when the shelter-in-place restrictions were lifted, the staff started to also conduct regular home visits to deliver food packages and other essential resources and provide HCCBC monthly newsletters and health education materials. As part of these weekly virtual phone calls (and additional home visits), the staff provided the health education sessions

for 15 minutes each week with the individual participants. For some participants, the staff also utilized smart phones or tablets to help family caregivers to connect with the older adult participants with FaceTime to improve the engagement with the participants during these virtual interactions. With the re-opening following the shelter-in-place guidelines, the community gardens also opened up again for participants to visit with their family members and friends. However, no new field trips have yet been scheduled, with COVID-19 cases and deaths rising again in summer 2021. A study showed that the COVID-19 mortality rates in 2020 for the Hmong in California (87 deaths per 100,000) were higher than Asians overall (74 deaths per 100,000) and the California state average (84 deaths per 100,000) (Ponce et al., 2021).

CDEP COMPONENT #2 – RESOURCE CONNECTIONS

In connection to the recreational groups, the Zoosiab program provides resource connections through in-language informational resources, care coordination, and transportation to the participants. Resource connections are delivered continuously, with frequency of services based on each individual's needs. This component is implemented by Zoosiab staff and serves Hmong older adults aged 50 years or older who are refugees and at high risk of developing mental illness. All enrolled Zoosiab older adult participants are served by resource connections, which reduce their risk of psychological distress and social isolation.

Through resource connections, written informational resources and event materials are given out to the Zoosiab participants. These informational resources and materials are to encourage the participants to engage with HCCBC and other community services outside of the recreational groups. Resource connections also include service referrals and transportation to and from services. The majority of the Hmong older adult population does not know how to drive and relies on their children for transportation. When Zoosiab staff converse with the Zoosiab participants, they express that their adult children are busy with work or school and

therefore do not have the time to take them to their medical appointments, grocery shopping, and pay their monthly bills.

"When the [Hmong older adults] lived in Laos, the villages were isolated and far from each other. During the Vietnam War, they had Air America transport them to get medical treatment and then waited for the planes to take them back to their village" (Galen Beery International Voluntary Services – Laos). Many older adults were already exposed to being dependent on transportation in their home country; however, some male older adults are able to drive due to having some educational background to be able to take the test and apply for a driver's license. 60% of the enrolled participants do not know how to drive. 64% of enrolled participants rely on HCCBC for transportation to get to services.

Zoosiab staff members are certified in Mental Health First Aid-USA. Staff members are able to assist participants who may be in the early stages of developing a mental health problem or in a mental health crisis, as well as assist a person who has a history of a mental disorder or longer-term mental health problems. Some participants are referred to and from county behavioral health to healthcare providers or to cultural brokers (shamans or community leaders) if they share their mental health concerns with Zoosiab staff. Zoosiab staff are mindful and respectful of the collective family decision (from the participant and the family/clan members), whether it is to help and support with the referral process to county behavioral health or other healthcare providers or do not seek out additional support.

Each Zoosiab staff is assigned a set of individual participant cases and is responsible for managing and supporting the individual cases. The older adult female participants are served by the female Zoosiab staff while the older adult male participants are served by the male Zoosiab staff to ensure culturally appropriate help and support by gender. The Zoosiab staff schedules appropriate health care and mental health service appointments for participants and assists with linguistic services. Zoosiab staff provides transportation services to participants to assist them with accessing clinics or hospitals for their health care and mental health service needs. Another resource that Zoosiab staff recognizes as an effective mental health resource is a shaman or community leader. For CRDP, the Zoosiab staff frequently engage shamans or community leaders to bring harmony to the program participants who seek traditional mental health practices (Xiong, 2016; Cole & County, 2013; Collier, Munger, & Moua, 2012; Lee, Lytle, Yang, & Lum, 2010). Increasing awareness and community knowledge about Hmong traditional support and cultural practices in mental health is important to the Zoosiab program's outcome to increase mental health referrals and services.

COVID-19 PANDEMIC

During the COVID-19 pandemic period and shelter-in-place restrictions in 2020 and 2021, resource connections had to be cancelled or drastically limited. It has adversely affected Hmong older adults' care coordination and access and utilization of mental health and health care services. The HCCBC staff adapted quickly during the onset of the shelter-in-place period to be

able to seamlessly continue to deliver services to the older adult Zoosiab program participants. Modifications included: transitioning from in-person services to virtual services such as coordinating three-way calls between the Hmong older adult, service provider, and Zoosiab staff for the staff to provide virtual interpretation services for the Hmong older adults instead of driving these older adults to and from services, conducting regular check-ins with the older adults by phone or through home visits to assess how they are doing and provide them with information materials about available resources and services including where to get tested, treated, and vaccinated for COVID-19, and also helping them stay on track with their regular service appointments or connecting them with other resources such as to address food insecurity and financial aid during the COVID-19 pandemic. With the re-opening of services in line with the county COVID-19 requirements, the Zoosiab staff have been able to gradually get back to delivering select in-person resource connection services.

CDEP COMPONENT #3—INDIVIDUAL SERVICES

Another component of the Zoosiab program is individual services. All Hmong individuals enrolled in the Zoosiab program are served by individual services. Most of individuals served are illiterate and are refugees with high risk of mental health conditions. The purpose of individual and support services is to provide accessible linguistic and culturally appropriate linkage to mental health care needs and services. This component differs from individual to individual depending on one's need for counseling or supportive services. This component is

culturally compatible for the Hmong older adults and their family members, taking into consideration and being mindful of their spiritual and cultural health beliefs and practices.

HCCBC is always open during the day where staff are available to assist the older adult individual and his/her family members that come into the office, call in, or connect online. When an individual is first referred to the Zoosiab program at HCCBC, the staff explains what services the program offers. The staff also visits their home if they prefer to explain what services the program offers. When staff talks with the individual, staff communicates with the individual in their native language. Staff creates a culturally welcoming environment for the individual. The individual will then decide with their family members if they want to be enrolled on-site or to decide later. Staff encourages the individual to attend recreational group at least once if they are undecided.

If the individual decides to enroll, staff then begin the enrollment right away. The enrollment forms are in English. However, the enrollment process is in Hmong language. The enrollment form has four pages and allows staff to document the participant's demographic information, emergency contact information, his/her mental health status and who he/she was referred by. On page two, there are three sections and include: Acknowledgement of Receipt of Notice of Privacy Practices; Photograph, Video, or Audio Release; and Transportation Wavier Form. Pages three and four include the Notice of Privacy Practices; and the place to sign and date the form. A copy of page four of the enrollment form is provided to the participant to take home. Once all pages and sections of the enrollment forms are completed, staff provide the participant with a Zoosiab tote bag and water bottle as a welcoming gift. Staff then enter the information about the new participant from the enrollment form into the client roster tracking log. Staff then assign an open number slot for the participant ID. That ID number is associated with the participant. The number is used to protect the individual (in line with HIPAA protections).

When an individual older adult enrolls into the Zoosiab program, they also inform the staff of their mental health status as well as their transportation, interpretation/translation, and other needs. Once trust is established with an individual and his/her family caregiver, staff members are able to assist the individual with transportation and interpretation for their mental health and health care appointments. Home visits (i.e., wellness follow-up) are also conducted based on interactions from the recreational groups with the individual participants. Another individual service is office visits which are dedicated to those who seek language services and culturally appropriate counseling and discussion. During office visits, Zoosiab staff serves as a cultural companion to the individual to support their mental health needs. The individual services continue as long as the participant needs them. The duration of this component depends on the nature of the request, whether it is counseling or accompanying them to other service providers (may take several hours per individual visit). Staff members are culturally and linguistically competent and create cultural sensitivity, good communication, and trust with the participants which in turn allows staff to provide timely, tailored services to participants.

COVID-19 PANDEMIC

During the COVID-19 pandemic period and shelter-in-place restrictions in 2020 and 2021, most individual services in-person had to be cancelled or drastically limited. It has adversely affected Hmong older adults' access and utilization of individual services for mental health, health care, or social services. The HCCBC staff adapted quickly during the onset of the shelter-in-place period to be able to seamlessly continue to deliver services to the older adult Zoosiab program participants, transitioning the in-person services to phone or online one-on-one services. With the re-opening of services, in line with the county COVID-19 requirements, the Zoosiab staff has been able to gradually get back to delivering select in-person individual services at the office, at the clinics or hospitals where the older adults get served, and through home visits.

LOCAL EVALUATION QUESTIONS, DESIGN & METHODS

The evaluation design is based on community-based participatory research (CBPR) approaches, engaged with diverse stakeholders in Hmong communities, and applied CBPR methods in the practice of improving mental health and well-being of Hmong communities. The evaluation guidelines and structure also followed the principles and guidelines of participatory health promotion research. The evaluation team conducted trainings about community-based participatory research, community assessment/program evaluation, study design and planning, data collection protocol for individual and group interviews, qualitative analysis and coding, and use of software for quantitative and qualitative analysis with the project team members and community collaborators. A Zoosiab Advisory Committee advised on all components of the Zoosiab program and evaluation.

The Zoosiab Advisory Committee (ZAC) was established in 2017 and consisted of 6-10 core members on average annually. The ZAC members were recruited throughout the local community and included mental health/health professionals, Zoosiab program participants, Hmong community members, and Hmong community leaders/cultural brokers that served or represented the Hmong community in Butte County. The ZAC members met quarterly throughout the California Reducing Disparities Project (CRDP) Phase 2 period.

The ZAC members provided guidance and direction on Zoosiab program planning, evaluation, and development and were vital to ensuring successful cultural and linguistically appropriate program implementation and evaluation. The ZAC also provided guidance on the program's long-term goals and facilitated strengthening public-private partnerships in mental health services serving Hmong communities, improving evaluation capacity at Hmong Cultural Center of Butte County (HCCBC) and other local community organizations, and building capacity for sustaining the Zoosiab program.

HCCBC facilitated the development, coordination, and management of ZAC including meeting planning and structure, recording of minutes, and carrying out the ZAC recommendations for program implementation, evaluation, health promotion, and dissemination. All ZAC meetings were conducted primarily in Hmong and simultaneously translated into English as necessary.

During ZAC meetings, the Zoosiab program staff shared quarterly summaries, regular program updates, and evaluation updates. The evaluation components discussed during ZAC meetings included planning and design, community assessment, intervention and evaluation, data analysis and interpretation, and reporting and dissemination. The ZAC members also engaged with the evaluation staff during these meetings to share their concerns and input on the design of instruments and protocols, evaluation training, participant recruitment, implementation of interviews and focus groups, Zoosiab program development and processes, data review and interpretation, and feedback of draft and final reports.

The evaluation focused on the Group Activities (component #1) of the Zoosiab program. The evaluation sought to understand to what extent the Zoosiab program's recreational group and its subcomponents such as field trips and community garden improved the access and use of mental health services, mental health status, social well-being, and general health knowledge of Hmong elder participants. We also conducted a separate formative community assessment of Hmong elder attitudes, beliefs, and preferences for mental health services to inform development of future mental health program capacity, communication, and informational materials. Further, we conducted process evaluation of all 3 components of the Zoosiab program (#1 Group Activities, #2 Resource Connections, and #3 Individual Services).

The program evaluation used a community-based, mixed-methods approach and included outcomes evaluation and process evaluation components. The program evaluation components included: Baseline and 12-month follow-up participant Statewide Evaluation (SWE) Core Measures surveys of Hmong older adults (baseline: n=61; 12-month: n=54), health education surveys by five topical areas of Hmong older adults (pre- or post-surveys completed in 2018: n=222; 2019: n=235; 2020: n=192); three community focus groups with the service providers and caregivers of the Hmong older adults in the community (n=14); five participant focus groups with Hmong older adults (n=30); key informant interviews with Zoosiab program staff (n=12); and Zoosiab program participant notes and records (e.g., intake form, progress notes, vignettes, attendance/enrollment forms). The evaluation was reviewed and approved by the Institutional Review Board of the State of California.

LOCAL EVALUATION QUESTIONS

Evaluation Question 1. To what extent do the Zoosiab group activities improve Hmong older adults' access and use of mental health services? (Outcome evaluation)

Evaluation Question 2. To what extent do the Zoosiab group activities improve Hmong older adults' mental health status? (*Outcome evaluation*)

Evaluation Question 3. To what extent do the Zoosiab group activities improve Hmong older adults' social well-being? (*Outcome evaluation*)

Evaluation Question 4. To what extent do the Zoosiab health education sessions improve knowledge of the health topics covered for Hmong older adults? (*Outcome evaluation*)

Evaluation Question 5. What are the attitudes and beliefs about mental health among Hmong older adults? (*Process evaluation*)

Evaluation Question 6. What are the preferences for mental health services and information among Hmong older adults? (*Process evaluation*)

Evaluation Question 7. How has the Zoosiab program capacity for group activities, resource connections, and individual services improved or changed during the CRDP grant? (*Process evaluation*)

DESIGN & METHODS:

The primary program evaluation components included:

1) **Baseline and 12-month follow-up participant Statewide Evaluation (SWE) Core Measures surveys of Hmong older adults (Evaluation Q1, Q2, & Q3)** (baseline: n=61; 12-month: n=54) that participated in the Zoosiab program to evaluate changes to their access and utilization of mental health services, satisfaction with mental health services, general health status, psychological distress, psychological functioning, and cultural connectedness and cultural disconnectedness.

2) **Health education surveys by 5 topical areas of Hmong older adults (Evaluation Q4)** (pre- or post-surveys completed in 2018: n=222; 2019: n=235; 2020: n=192) that participated in the Zoosiab program health education sessions (General Health, Mental Health, Life Skills, Physical

Activity, and Cultural Enrichment) to evaluate general health knowledge and satisfaction with the health education sessions.

3) **Three community focus groups with the service providers and caregivers of the Hmong older adults in the community (Evaluation Q5 & Q6)** (n=14) to assess perceptions of the major causes of Hmong mental health issues, preferences for treatment and information, and recommendations for improving the Zoosiab program.

4) **Five participant focus groups with Hmong older adults (Evaluation Q7)** (n=30) to assess perceptions of the major Hmong mental health issues, their experiences with the Zoosiab program (successes and challenges), and recommendations for improving the Zoosiab program.

5) **Key informant interviews with Zoosiab program staff (Evaluation Q7)** (n=12) to assess their experiences with delivering services (successes and challenges) and recommendations for improving services to Hmong older adults in the Zoosiab program.

6) **Zoosiab program participant notes and records (Evaluation Q7)** (e.g., intake form, progress notes, vignettes, attendance/enrollment forms) to assess changes or improvements to the Zoosiab program capacity.

SAMPLING METHODS AND SIZE

For the **pre-post SWE Core Measures participant survey (Evaluation Q1, Q2, & Q3)**, we used community-based, convenience sampling and the sample size was 61 total Hmong older adults (age 50+) for the baseline survey and 54 total Hmong older adults for the 12-month follow-up survey, over the course of the 3-year Community-Defined Evidence Practice (CDEP) data collection period (2018-2020). The pre-post sample represented approximately 11% of the Hmong older adult sample of Butte County. The survey participants were recruited through the Zoosiab program's recreational groups. All recreational group Hmong older adult participants (*inclusion criteria*) were invited to participate in the SWE baseline survey on a rolling basis from 2018 to 2020. Anyone who was not a participant of the recreational groups were not included in this survey (*exclusion criteria*).

Table 1: Statewide Evaluation Survey Participant Attrition

	Baseline	**12 Month**	**Attrition Rate[1]**
Statewide Evaluation Survey	61 participants	54 participants	12%

[1] Attrition rate = (Number of participants completing baseline-surveys - Number of participants completing 12-month-surveys) / Average of number of participants completing 12-month-surveys and number of participants completing baseline-surveys

Of those that were invited to complete the SWE survey, 86% (or 61/71) completed the SWE baseline survey. Of those that completed the SWE baseline survey, 89% (or 54/61) also completed the 12-month follow-up survey. The SWE survey attrition rate was 12% (Table 1). The reasons for the attrition included participants moved to another location, refused to participate in the follow-up survey, or were deceased.

For the **pre-post health education surveys (Evaluation Q4)**, we used convenience sampling and invited all Hmong older adult participants in the Zoosiab program recreational groups (*inclusion criteria*) to each of set of health education sessions by topical area to complete the pre- and post-surveys. Anyone who was not a participant of the recreational groups were not included in this survey (*exclusion criteria*). The total number of pre- or post-surveys completed included 222 in 2018, 235 in 2019, and 192 in 2020. The average participant attendance for each set of sessions by topical area was 44.4 in 2018, 47 in 2019, and 38.4 in 2020. The participants who completed one or more of the five sets of health education sessions by topical area over the course of each year most likely were the same program participants. The attrition rates for the health education surveys overall were 17% in 2018, 34% in 2019, and 53% in 2020 (Table 2). The reasons for the attrition included the communication barriers during the COVID-19 pandemic in 2020, transportation barriers, participants moved to another location, or participants were deceased.

Table 2: Attrition Rates in Health Education Sessions

	2018			**2019**			**2020**		
	Pre N	**Post N**	**%[1]**	**Pre N**	**Post N**	**%**	**Pre N**	**Post N**	**%**
General Health	49	49	**0%**	38	30	**24%**	30	15	**67%**
Mental Health	33	25	**28%**	37	24	**43%**	26	16	**48%**
Life Skills	37	26	**35%**	34	23	**39%**	31	14	**76%**
Physical Activity	29	25	**15%**	34	24	**34%**	32	21	**42%**
Cultural Enrichment	N/A	33	**N/A**[2]	39	28	**33%**	35	23	**41%**
Total	148	158	**17%**[3]	182	129	**34%**	154	89	**53%**

[1] Attrition rate = (Number of participants completing pre-surveys - Number of participants completing post-surveys) / Average of number of participants completing post-surveys and number of participants completing pre-surveys

[2] Attrition rate is not applicable for the 2018 Cultural Enrichment session because a pre-survey was not administered.
[3] Overall attrition rate = (Total number of completed pre-surveys - Total number of completed post-surveys) / Sum of the averages of the number of participants completing post-surveys and the number of participants completing pre-surveys for each subject

For the **community focus groups (Evaluation Q5 & Q6)**, we used purposive and snowball sampling and conducted three focus groups with a total of 14 participants ranging from four to six participants per focus group in 2019. The invited participants included Hmong service providers, Hmong adults, and caregivers of Hmong older adults in the program (age 18+) in Butte County (*inclusion criteria*). Anyone who did not reside or work in Butte County, was not Hmong or did not serve Hmong, and were less than 18 years old were not invited to participate in these focus groups (*exclusion criteria*). The community focus group participants were recruited through providers who HCCBC collaborate with to deliver services, community outreach to Hmong residents to raise awareness about the HCCBC to the Hmong community and inviting family caregivers of Hmong older adults in the Zoosiab program to participate in the community focus group. It was very difficult to recruit participants for the community focus groups, as mental health is a stigma in the community, and few wanted to discuss it.

For the **participant focus groups (Evaluation Q7)**, we used purposive sampling and conducted 5 focus groups and a total of 30 participants ranging from 4 to 9 participants per focus group from 2017 to 2019. Only Hmong older adult participants in the Zoosiab program recreational groups were invited to participate in these focus groups (*inclusion criteria*). Anyone who was not a participant of the recreational groups were not included in these focus groups (*exclusion criteria*). It was challenging to recruit participants for these focus groups as many potential participants do not have transportation to easily attend these focus groups as they were scheduled at a separate time from their weekly recreational group activities.

For the **Zoosiab staff interviews (Evaluation Q7)**, we used purposive sampling and invited current or former Zoosiab staff to participate in these interviews (age 18+) (*inclusion criteria*). Anyone who was not a current or former Zoosiab staff and less than 18 years old were excluded from these interviews (*exclusion criteria*). All invited Zoosiab staff agreed to participant in these interviews. We interviewed 6 Zoosiab staff in 2018 and 6 Zoosiab staff in 2019.

MEASURES & DATA COLLECTION PROCEDURES

The primary data collection procedures included the pre-post participant SWE Core Measures survey, pre-post health education surveys, community focus groups, participant focus groups, Zoosiab staff interviews, and gathering of Zoosiab program notes and records of participants (e.g., intake form, progress notes, vignettes, attendance/enrollment forms).

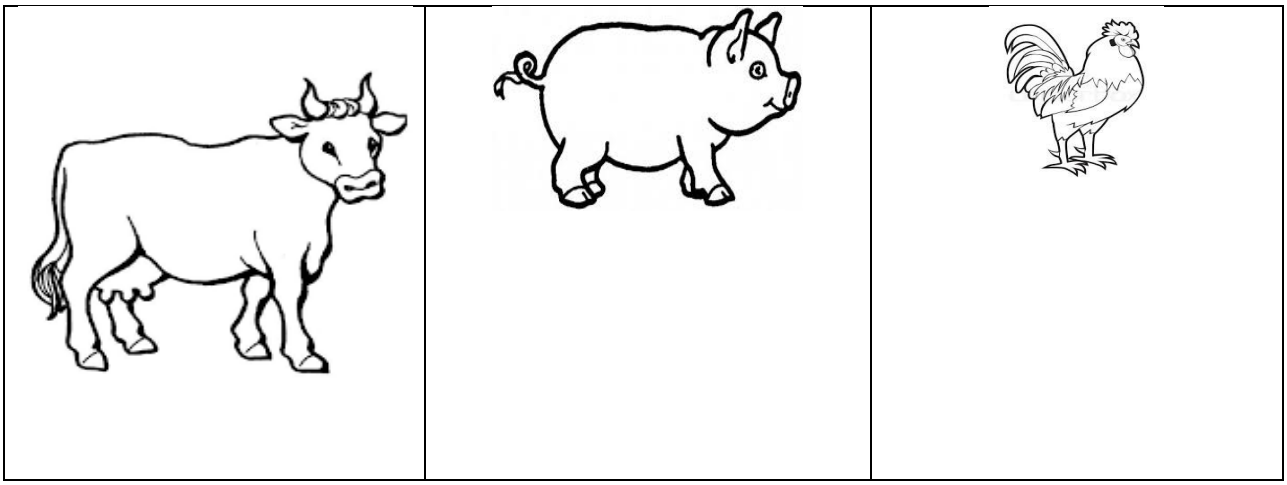
For the surveys, Zoosiab staff identified early on that **Hmong older adult participants had a difficult time with the 5- or 6-point Likert scale questions as almost all of them had no**

English or Hmong literacy or had literacy levels that were third grade or less. Most also could not count above the number 10. The Zoosiab staff and the local evaluator worked with the Statewide Evaluator, the Asian & Pacific Islander Technical Assistance Provider (API TAP), and the California Department of Public Health (CDPH) Office of Health Equity in 2018 to adjust and redesign the SWE survey (Q1-Q3). We **reduced the Likert scales to 2- or 3-point scales, changed the duration of time terminology in the surveys to more easily understandable terms (e.g., change from "in the past 30 days" to "in the past month"), and provided additional explanations in Hmong for select questions with hard-to-understand terms or terms that do not exist in Hmong language**.

In addition, the initial pilot testing of the interviewer administered SWE pre-survey took 4+ hours and the SWE post-survey took more than 2 hours, both of which indicated **the SWE surveys were too complicated and lengthy, literacy-level too high even for the in-language survey and was not feasible for the not literate or low literate Hmong older adults to fully comprehend and complete in one or two sessions. To reduce the complexity of the SWE pre- and post-survey and time burden for the older adults, we developed a simplified response or answer sheet for both the pre-survey and post-survey for the participants to use during the survey administration. We added explanations for technical terms or phrases and associated examples to the harder-to-comprehend questions and associate responses to make it easier for interviewer to administer the survey questions and for the participants to be able to fully understand the terms or phrases in the survey questions. We also did not ask the demographic questions in the pre-survey to the participants that the Zoosiab staff already had and could fill-in on their behalf from the patient records in order to reduce the time burden.** These adjustments helped to reduce the interviewer administration of the SWE pre-survey down to 1 hour 30 minutes and the SWE post-survey down to just 30 minutes.

1-Yes 0-No

1-Muaj tag mus li **1-All of the time**	**2-Tej chim muaj li** **2-Some of the time**	**3-Tsis muaj li** **3-None of the time**



We also made similar adjustments to the health education survey (Q4) to make them all 2-point Likert scale questions, simplified terms, and added explanations for the hard-to-understand terms or terms that do not exist in Hmong language to make it easier to understand for the Hmong participants. Without these adjustments, the participants would not be able to be counted for the SWE and the health education surveys.

***Evaluation Q1-Q3*.** The Zoosiab staff and evaluation assistants were trained in human subject issues and data collection for administering the in-language **pre-post participant SWE surveys** (Hmong). The pre-post participant SWE survey data collection was continuous and conducted on a rolling basis. Each new participant in the Zoosiab group activities was invited to participate in this baseline survey after they enrolled in the Zoosiab program and participated in the recreational groups during the CRDP data collection period. The SWE data collection was administered by the Zoosiab staff and evaluation assistants and collected among Zoosiab group activity participants one-on-one at baseline and at the 12-month follow-up during the recreational groups (Oroville or Chico) or by phone. During COVID-19, the SWE surveys were implemented one-on-one by phone.

Evaluation Q4. Zoosiab staff also administered the in- language **pre-post health education surveys** (Hmong) and asked the session participants to each complete a survey at the first session (pre-survey) and the last session (post-survey) of each set of 8 1-hour weekly in-person group sessions by topical area (General Health, Mental Health, Life Skills, Physical Activity, and Cultural Enrichment) over a 2-month period from 2018 to 2020.

During COVID-19 shelter-in-place period, the health education sessions and the associated pre- and post-surveys were implemented one-on-one by phone.

Evaluation Q5, Q6, and Q7. The **community and participant focus groups** were administered in- language by the trained Zoosiab program staff and the evaluation assistants at the HCCBC Oroville offices. For each focus group implementation, it included a focus group facilitator, a notetaker, audio recorders, and food and refreshments for the participants. Each focus group was audio- recorded and transcribed.

Evaluation Q7. The Zoosiab **program staff** (current or former) **interviews** were administered by the local evaluator or the evaluation assistants in-person or by phone. Each interview was audio-recorded and transcribed. The Zoosiab program notes and records of participants (e.g., intake form, progress notes, vignettes, attendance/enrollment forms) were compiled and managed by the Zoosiab staff and shared with the local evaluator via email.

The list of variables and data sources for each of the evaluation questions included:

Evaluation Question 1. To what extent do the Zoosiab group activities improve Hmong older adults' access and use of mental health services? (*Outcome evaluation*)

- ***Indicators****: 1a) access and utilization of mental health services; 1b) satisfaction with mental health services*
- ***Data Sources:*** *pre-post participant SWE Core Measures surveys*

Evaluation Question 2. To what extent do the Zoosiab group activities improve Hmong older adults' mental health status? (*Outcome evaluation*)

- ***Indicators:*** *2a) general health status; 2b) psychological distress; 2c) psychological functioning*
- ***Data Sources:*** *pre-post-participant SWE surveys*

Evaluation Question 3. To what extent do the Zoosiab group activities improve Hmong older adults' social well-being? (*Outcome evaluation*)

- ***Indicators:*** *3a) cultural connectedness (social support, spirituality); 3b) cultural disconnectedness (social isolation)*
- ***Data Sources:*** *pre-post-participant SWE surveys*

Evaluation Question 4. To what extent do the Zoosiab health education sessions improve knowledge of the health topics covered for Hmong older adults? (*Outcome evaluation*)

- ***Indicators:*** *6a) knowledge from the sessions by the topics covered (General Health, Mental Health, Life Skills, Physical Activity, Cultural Enrichment); 6b) satisfaction with the sessions by the topics covered*
- ***Data sources:*** *pre-post-health education surveys*

Evaluation Question 5. What are the attitudes and beliefs about mental health among Hmong older adults? (*Process evaluation*)

- ***Indicators:*** *4a) perception of mental health/mental illness; 4b) perception of causes of mental health/mental illness*
- ***Data Sources****: community focus groups*

Evaluation Question 6. What are the preferences for mental health services and

information among Hmong older adults? (*Process evaluation*)

- ***Indicators:*** *5a) unique cultural beliefs and practices for treatment of mental health/mental illness; 5b) preferences for accessing mental health services and information*
- ***Data Sources:*** *community focus groups*

Evaluation Question 7. How has the Zoosiab program capacity for group activities, resource connections, and individual services improved or changed during the CRDP grant? (*Process evaluation*)

- ***Indicators****: 7a) program materials; 7b) program staff development, trainings, and retention; 7c) participant progress and experiences; 7d) participant enrollment, attendance and retention*
- ***Data sources:*** *participant focus groups, program staff interviews, participant progress notes and vignettes, participant enrollment sheet, participant sign-in sheet, attendance record*

FIDELITY AND FLEXIBILITY

To assess fidelity of the CDEP Zoosiab program at HCCBC, we assessed whether the program improved access and utilization to mental health services, mental health, and social well-being for Hmong older adults in the Zoosiab program. The Zoosiab program is a community-based prevention and early intervention program that aims to prevent and/or reduce further mental health problems and social isolation among Hmong older adults by strengthening sense of community and social engagement, improving both psychological and spiritual mental health, and increasing access to culturally and linguistically appropriate mental health services. It is designed to be culturally meaningful and relevant for Hmong older adults and is aimed to improve access and utilization of mental health services, mental health status (psychological distress, emotional well-being), social well-being (social isolation, spirituality, social support), and general health knowledge for Hmong older adults in the program.

In terms of fidelity, we assessed four dimensions: program adherence, exposure, quality of delivery, and participant responsiveness. We did not assess program differentiation. The primary focus of the fidelity assessment was on the implementation of the Group Activities of the Zoosiab program.

ADHERENCE

The evaluation questions that we used to assess fidelity pertaining to adherence included:

Evaluation Question 1. To what extent do the Zoosiab group activities improve Hmong older adults' access and use of mental health services?

Evaluation Question 2. To what extent do the Zoosiab group activities improve Hmong older adults' mental health status?

Evaluation Question 3. To what extent do the Zoosiab group activities improve Hmong older adults' social well-being?

Evaluation Question 7. How has the Zoosiab program capacity for group activities, resource connections, and individual services improved or changed during the CRDP grant?

Please see just above in the Measures & Data Collection Procedures section (pages 34-35) for the indicators and data sources associated with these adherence related Evaluation Questions 1, 2, 3, and 7.

The Zoosiab Program staff at Hmong Cultural Center of Butte County adhered and implemented the Group Activities (Recreational Groups, Field Trips, and Community Garden) as well as Resource Connections and Individual Services as it was designed and intended and improved Hmong older adults' access and use of mental health services, their mental health status, and social well-being. Changes to the Zoosiab program capacity such as new program components (e.g., health education sessions, additional recreational group sessions in Chico, additional field trips, community garden) or program adjustments (e.g., transitioning from in-person to virtual support and education during the COVID-19 pandemic) over time helped to further increase or overcome program capacity issues or address additional issues that came up. For more details regarding the key findings about adherence, please take a look at the CDEP Purpose Description, & Implementation section (pages 12-26) and the Results section (pages 41-74).

EXPOSURE

The questions that we used to assess fidelity pertaining to exposure included:

Evaluation Question 7. How has the Zoosiab program capacity for group activities, resource connections, and individual services improved or changed during the CRDP grant?

Please see just above in the Measures & Data Collection Procedures section (page 35) for the indicators and data sources associated with the exposure related to Evaluation Question 7.

On average, approximately 50% of the 70 to 80 Zoosiab participants each year from 2017 to 2021 were active, regular participants in the weekly recreational group sessions in Oroville or Chico (Table 3). Approximately 70% to 80% of Zoosiab participants attended some of the weekly recreational group sessions. In addition, approximately 78% of the program participants stayed and remained active with the program each year.

Table 3: Total Zoosiab Program Participants

	2017-2018	2018-2019	2019-2020	2020-2021	Average Per Year
Zoosiab Program	72 participants	78 participants	81 participants	78 participants	77.3 participants
New Members	10 participants (14%)	10 participants (13%)	11 participants (14%)	6 participants (8%)	9.3 participants (12%)
Dropouts	6 participants (8%)	5 participants (6%)	12 participants (15%)	7 participants (9%)	7.5 participants (10%)

The primary reason that Zoosiab participants dropped out of the program were because they moved out-of-state or moved out of Butte County. Another reason was because some participants had health conditions that prevented them from being able to attend the program. In addition, some participants could not attend because they were not available on the weekday that recreational group sessions were held each week or had to provide care for their family such as care for their grandchildren. Further, another reason was a few participants were deceased.

During the COVID-19 pandemic period, in-person recreational group activities were cancelled and rescheduled as phone or virtual one-on-one sessions with the program staff. COVID-19 increased Hmong older adults' social isolation and being homebound, affected the number of times and duration of the Hmong older adult participant exposure to the services and support from the Zoosiab program staff. Home visits were also conducted in addition to the phone or virtual sessions once shelter-in-place was lifted from summer 2020. A return to in-person recreational group sessions is planned towards the end of 2021 or early 2022.

QUALITY OF DELIVERY

The evaluation questions that we used to assess fidelity pertaining to quality of delivery included:

> **Evaluation Question 7.** How has the Zoosiab program capacity for group activities, resource connections, and individual services improved or changed during the CRDP grant?

Please see just above in the Measures & Data Collection Procedures section (page 35) for the indicators and data sources associated with the quality of delivery related to Evaluation Question 7.

For more details regarding the key findings about quality of delivery, please take a look at the Results section pertaining to the participant focus group results about their perceptions of the Zoosiab program (pages 66-72).

PARTICIPANT RESPONSIVENESS

The questions that we used to assess fidelity pertaining to participant responsiveness included:

> **Evaluation Question 7.** How has the Zoosiab program capacity for group activities, resource connections, and individual services improved or changed during the CRDP grant?

Please see just above in the Measures & Data Collection Procedures section (page 35) for the indicators and data sources associated with the participant responsiveness related to Evaluation Question 7.

As mentioned above in the Exposure section, on average, approximately 50% of the 70 to 80 Zoosiab participants each year from 2017 to 2021 were active, regular participants in the weekly recreational group sessions in Oroville or Chico (Table 3). Approximately 70% to 80% of Zoosiab participants attended some of the weekly recreational group sessions. In addition, approximately 78% of the program participants stayed and remained active with the program each year.

FIDELITY BASED CHANGES MADE TO CDEP

We provide recommendations to the CDEP for future implementation in the Conclusion and Recommendations section (pages 78-79).

IMPLEMENTATION FIDELITY DATA

The implementation of the fidelity data collection was conducted from 2018 to 2021. The evaluation questions that we used to assess fidelity included:

> **Evaluation Question 1.** To what extent do the Zoosiab group activities improve Hmong older adults' access and use of mental health services?
> **Evaluation Question 2**. To what extent do the Zoosiab group activities improve Hmong older adults' mental health status?
> **Evaluation Question 3.** To what extent do the Zoosiab group activities improve Hmong older adults' social well-being?

Evaluation Question 7. How has the Zoosiab program capacity for group activities, resource connections, and individual services improved or changed during the CRDP grant?

Please see just above in the Measures & Data Collection Procedures section (pages 34-35) for the indicators and data sources associated with these adherence related Evaluation Questions 1, 2, 3, and 7.

BALANCING OF FIDELITY AND FLEXIBILITY

The Zoosiab program constantly made changes over time to improve the design and implementation of the program to meet the needs the of Hmong older adult participants and their families. For more detail and information about balancing fidelity and flexibility, please refer to the CDEP Purpose, Description, and Implementation section (pages 12-26) and the Results section (pages 41-74).

DATA ANALYSIS PLAN

Evaluation Question 1. To what extent do the Zoosiab group activities improve Hmong older adults' access and use of mental health services? (Outcome evaluation)
Evaluation Question 2. To what extent do the Zoosiab group activities improve Hmong older adults' mental health status? (Outcome evaluation)
Evaluation Question 3. To what extent do the Zoosiab group activities improve Hmong older adults' social well-being? (Outcome evaluation)

The data collected pertaining to evaluation Q1 to Q3 from each of the SWE pre-surveys and the SWE post-surveys were sent via email and as a combined pdf file to the local evaluator at UC Berkeley for the date entry, data management, and data analysis for the local evaluation.

Data was entered onto Qualtrics, adapted, and used the data analysis protocol provide by the Statewide Evaluator for the analysis plan of the local SWE evaluation, and conducted univariate analysis and descriptive statistics for the baseline and 12-month data.

Evaluation Question 4. To what extent do the Zoosiab health education sessions improve knowledge of the health topics covered for Hmong older adults? (Outcome evaluation)

The data collected pertaining to evaluation Q4 for each set of pre-surveys and post-surveys from the health education sessions by topical area were then sent via email and as a combined pdf file to the local evaluator at UC Berkeley for the date entry, data management, and data analysis.

Each of the pre- and post-survey responses by topical area for each participant was recorded from a physical copy of the pre- and post-surveys and entered into an Excel spreadsheet.

Responses to satisfaction and knowledge questions were recoded as "1" (agree for satisfaction questions, correct for knowledge questions) and "0" (disagree for satisfaction questions, incorrect for knowledge questions).

Following the data recoding, the sum of the columns was calculated to find the number of participants that answered "Agree" for satisfaction questions and knowledge questions correctly. Subsequently, following calculations were made: the percentages of participants that answered "Agree" and "Disagree" for satisfaction questions, the percentages of participants that answered knowledge questions correctly and incorrectly, and the percentage of participants that scored 70% or higher in the knowledge questions. These steps were applied to both the pre and post surveys. The analysis process was then repeated exclusively on individuals who completed both the pre- and post-surveys (i.e., individuals lost to follow-up or those who joined later were not included) such that any improvement in score could be attributed to knowledge gained from the health education sessions.

Evaluation Question 5. What are the attitudes and beliefs about mental health among Hmong older adults? (Process evaluation)
Evaluation Question 6. What are the preferences for mental health services among Hmong older adults? (Process evaluation)

The data collected pertaining to evaluation Q5 and Q6 from each of the community focus groups were transcribed in Hmong and then translated into English by the Zoosiab staff and evaluation assistants. The data files (audio files, transcripts) were sent via email and as a pdf file to the local evaluator at UC Berkeley for further data cleaning, data management, and data analysis for the local evaluation. Qualitative analysis and coding of the community focus group transcripts was conducted using Excel and Dedoose.

Evaluation Question 7. How has the Zoosiab program capacity for group activities, resource connections, and individual services improved or changed during the CRDP grant? (Process evaluation)

The data collected pertaining to evaluation Q7 from each of the participant focus groups were transcribed in Hmong and then translated into English by the Zoosiab staff and evaluation assistants. The data files (audio files, transcripts) were sent via email and as pdf files to the local evaluator at UC Berkeley for further data cleaning, data management, and data analysis for the local evaluation. Qualitative analysis and coding of the participant focus group transcripts was conducted using Excel and Dedoose. The Zoosiab program notes and records of participants (e.g., intake form, progress notes, vignettes, attendance/enrollment forms) collected by the Zoosiab staff were sent via email as pdf files to the local evaluator at UC

Berkeley for data entry, data management, and data analysis. Content analysis was conducted using Excel.

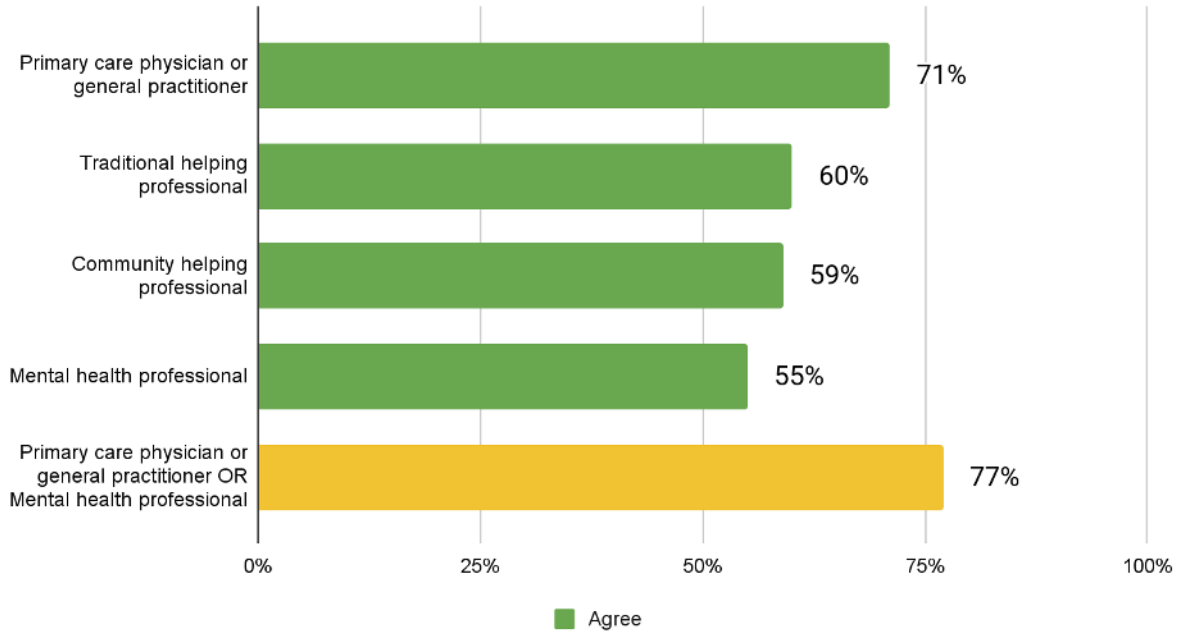
RESULTS

The results section presents select key findings from the local evaluation of the Zoosiab program of the Hmong Cultural Center of Butte County.

ACCESS AND SATISFACTION TO MENTAL HEALTH SERVICES

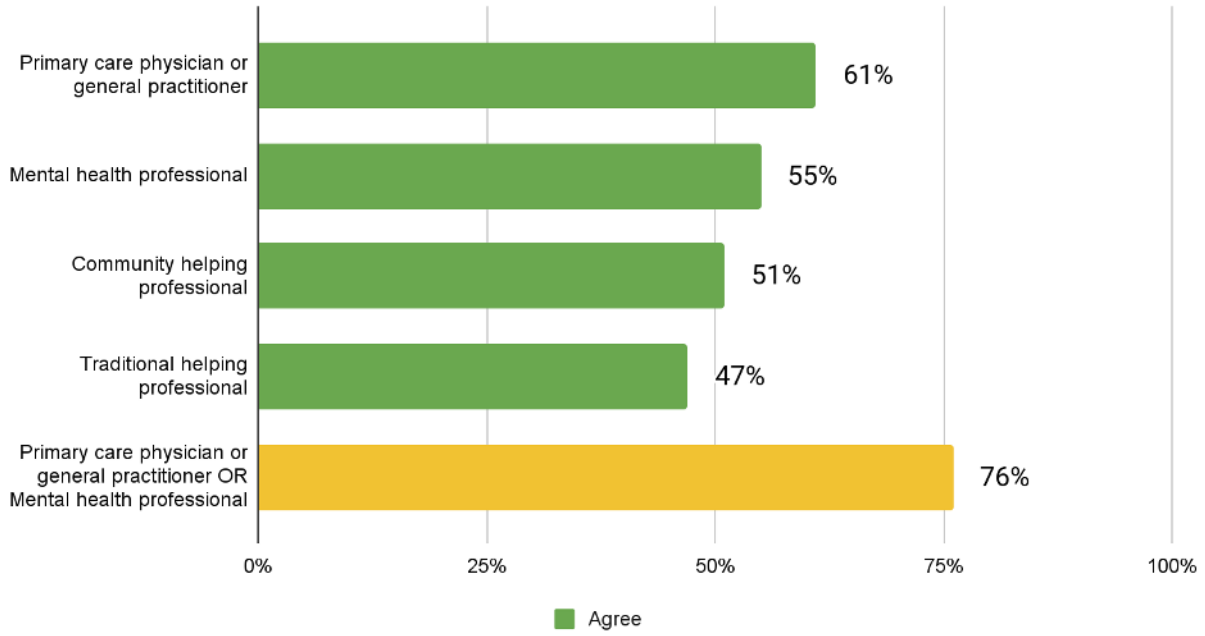
- Indicative of access to mental health resources, most Zoosiab program participants *felt the need* to seek professional help due to problems with mental health, emotions, nerves or use of alcohol or drugs from a primary care physician or general practitioner (71%), a traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor (60%), a community helping professional such as a health worker, promoter, peer counselor, or case manager (59%), or a mental health professional (55%). **Indicative of engaging in the medical/mental health system, most participants felt the need to seek professional help from a primary care physician or from a mental health professional (77%)** (Figure 1).
- Indicative of access to mental health resources, most participants *actually sought* professional help due to problems with mental health, emotions, nerves or use of alcohol or drugs from a primary care physician or general practitioner (61%), a mental health professional (55%), a community helping professional such as a health worker, promoter, peer counselor, or case manager (51%), or a traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor (47%). **Indicative of engaging in the medical/mental health system, most participants actually sought professional help from a primary care physician or from a mental health professional (76%)** (Figure 2).
- Of those participants (n=30) who sought help for mental or emotional health or for an alcohol or drug problem, all participants sought help for a mental/emotional health problem (100%)
- The mean number of visits to a mental health professional for mental health problems was 3.7 times over the course of 12 months (n=31)
- Most of these participants indicated they are still seeing their mental health professional (87%).

Figure 1: Perceived need by type of mental health professional during the past 12 months, Baseline survey[1]



[1] Primary care physician or general practitioner (N=51), traditional helping professional (N=48), community helping professional (N=49), mental health professional (N=51), primary care physician or general practitioner OR mental health professional (N=52).

Figure 2: Utilization by type of mental health professional during the past 12 Months, Baseline survey[1]

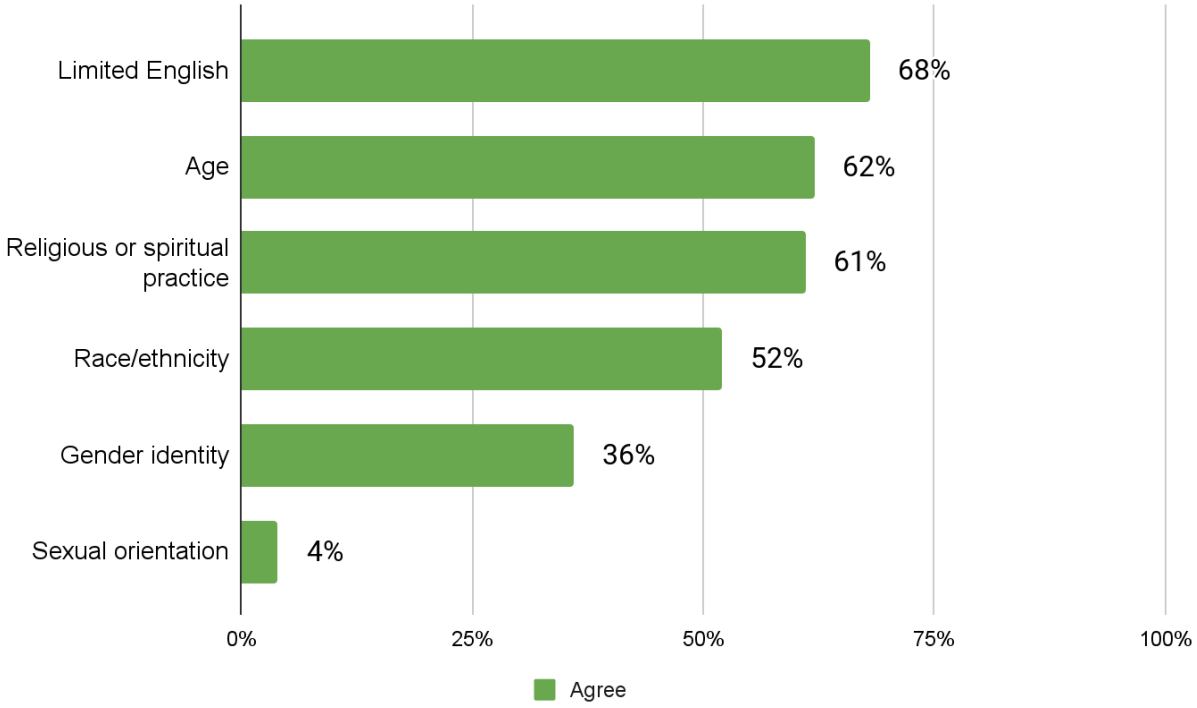


[1] Primary care physician or general practitioner (N=49), traditional helping professional (N=49), community helping professional (N=51), mental health professional (N=49), primary care physician or general practitioner OR mental health professional (N=50).

PREJUDICE/DISCRIMINATION BARRIERS

- Indicative of prejudice/discrimination barriers to accessing mental health services, most Zoosiab program participants at baseline acknowledged that they didn't feel safe or welcomed due to their limited English proficiency (68%), age (62%), religious/spiritual practice (61%), or race/ethnicity (52%) (Figure 3).

Figure 3: Sociocultural barriers towards seeking help from a mental health professional, Baseline survey[1]

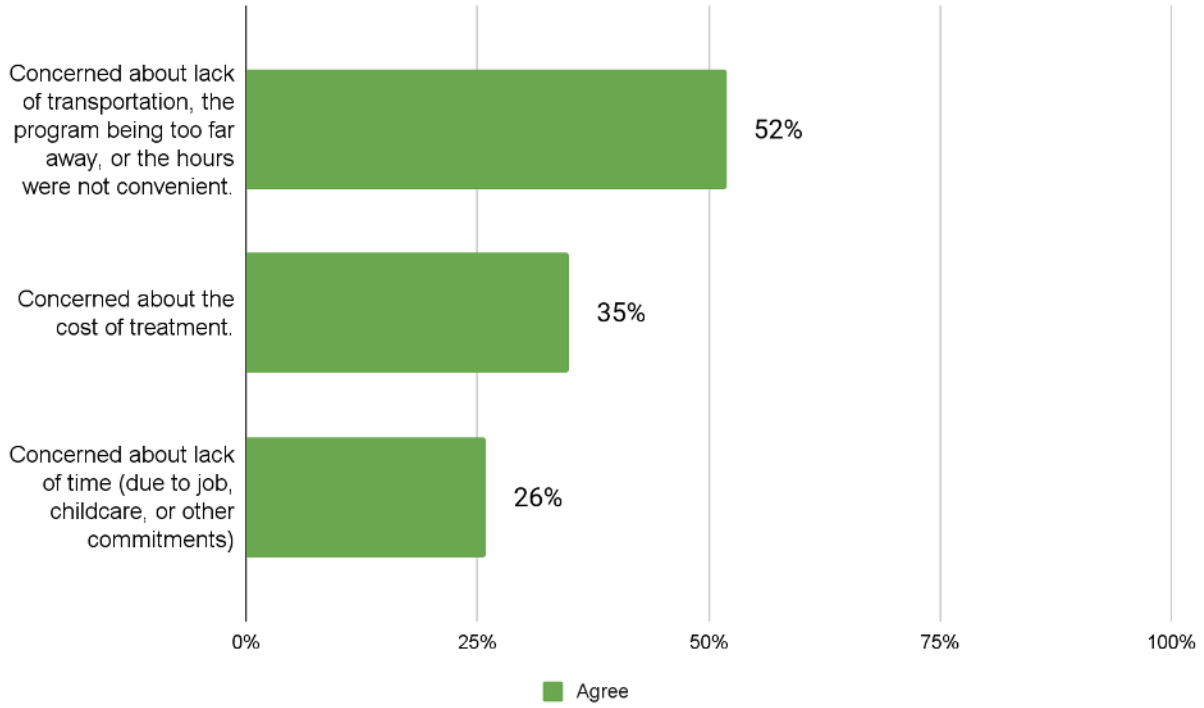


[1] Limited English proficiency (N=19), age (N=21), religious or spiritual practice (N=23), race/ethnicity (N=23), gender identity (N=22), sexual orientation (N=23).

STRUCTURAL BARRIERS

- Participants indicated at baseline that a lack of transportation, services were too far away, or hours that were not convenient (52%) were major structural barriers in accessing mental health services, followed by a concern for the cost of treatment (35%), and time constraints (22%) (Figure 4).

Figure 4: Structural barriers towards seeking help from a mental health professional, Baseline survey, (N = 23)



ATTITUDINAL BARRIERS & CONCERNS

- Some Zoosiab program participants acknowledged concerns that mental health counseling or treatment would not help (30%) or that they would not feel comfortable talking to a mental health professional (26%) as attitudinal barriers to accessing mental health services (Figure 5).
- Some participants acknowledged additional concerns around being admitted to a psychiatric hospital (39%) or that the information giving to the counselor might not be kept confidential (30%) if they were to seek mental health services (Figure 6).

Figure 5: Attitudinal barriers towards seeking help from a mental health professional, Baseline survey, (N = 23)

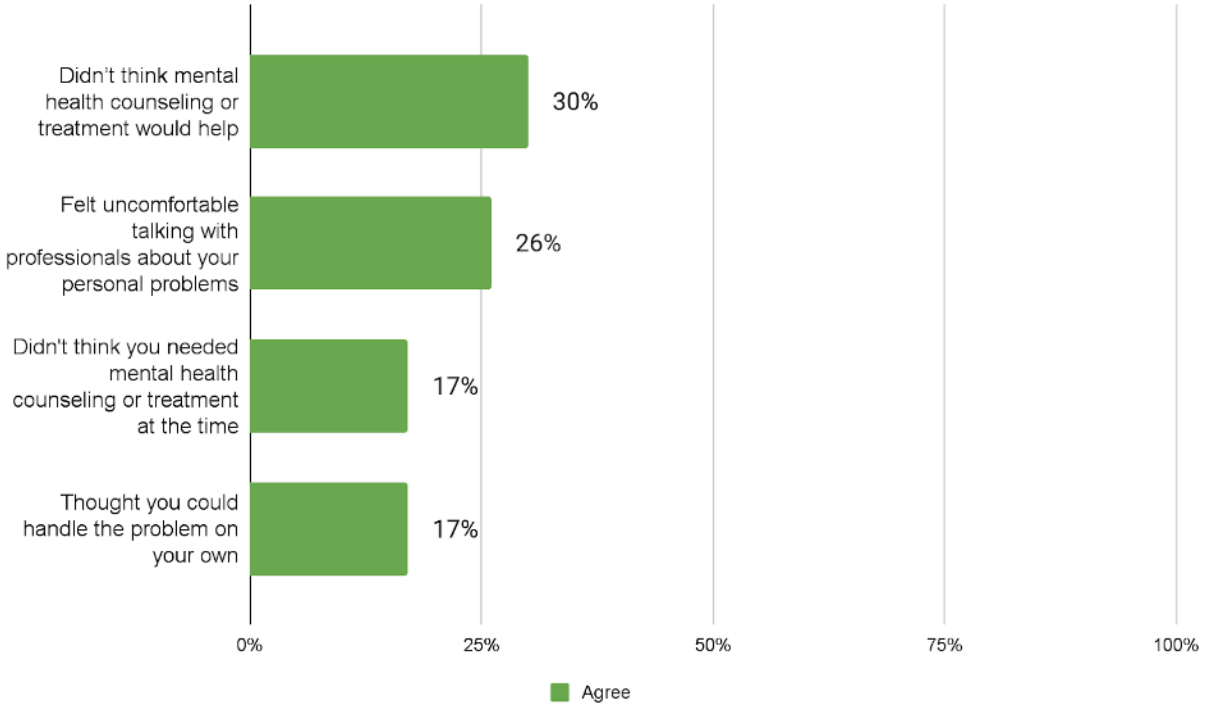
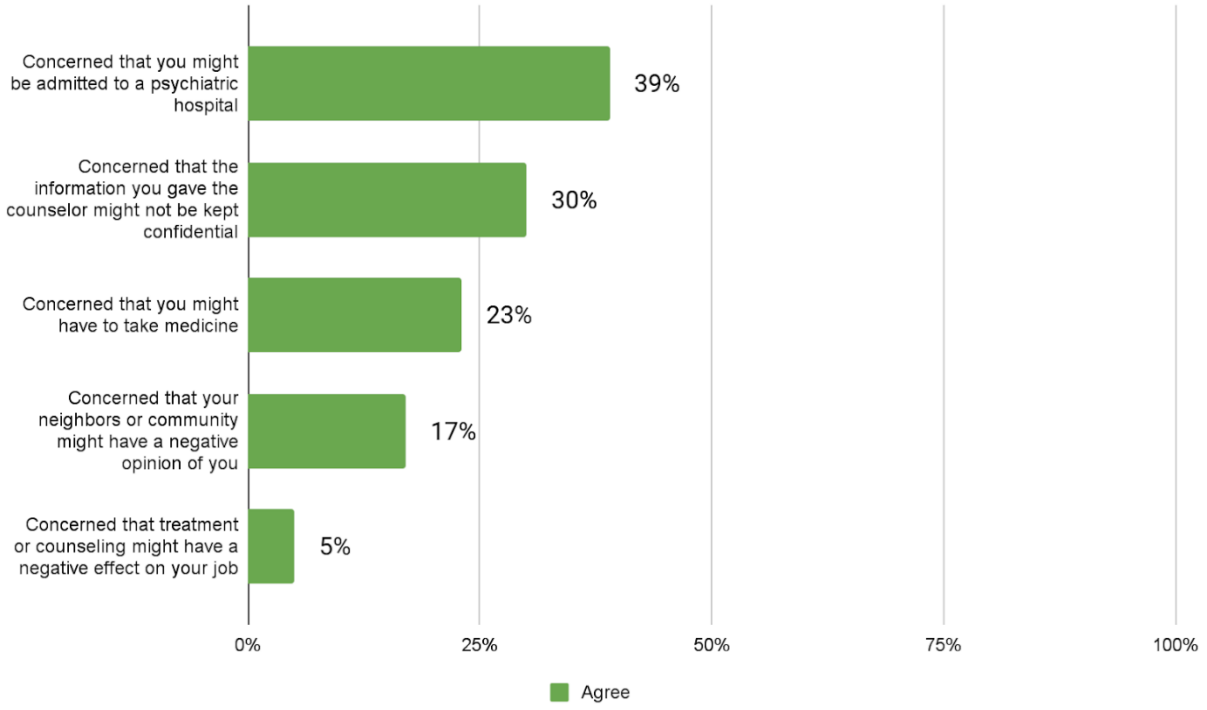


Figure 6: Attitudinal concerns and perceived stigmas towards seeking help from a mental health professional, Baseline survey[1]

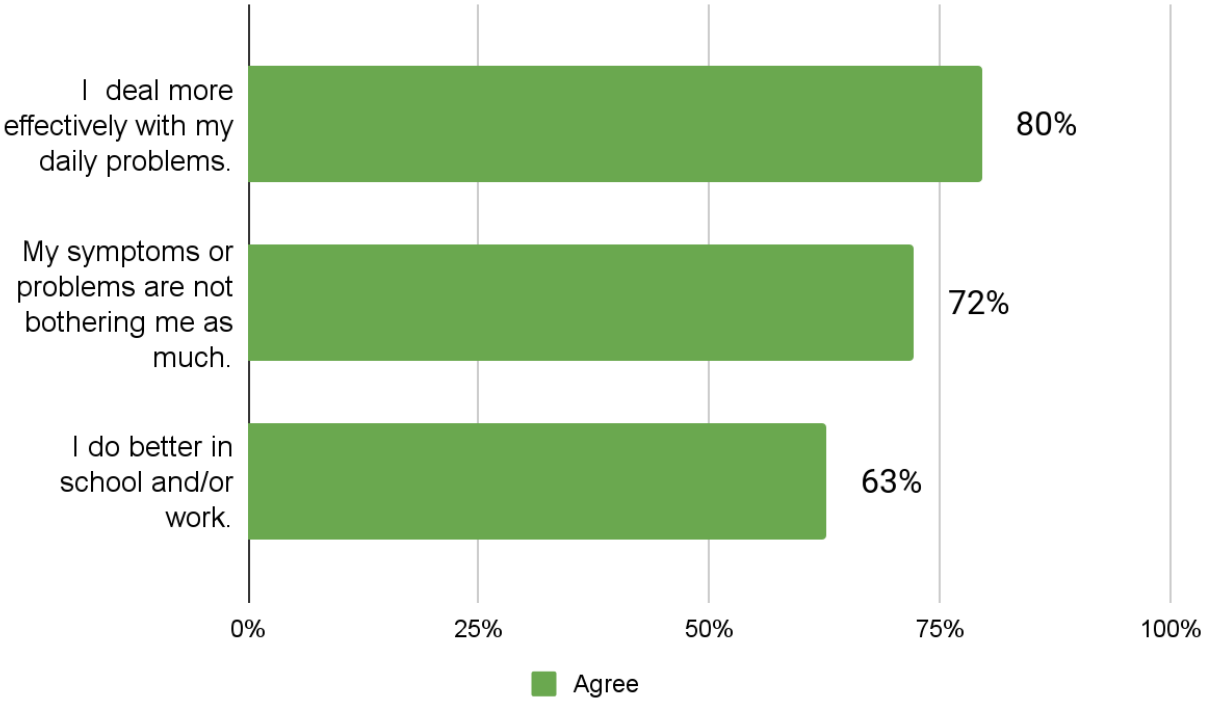


[1] Concerned that you might be admitted to a psychiatric hospital (N=23), concerned that the information you gave the counselor might not be kept confidential (N=23), concerned that you might have to take medicine (N=22), concerned that your neighbors or community might have a negative opinion of you (N=23), concerned that treatment or counseling might have a negative effect on your job (N=21).

PARTICIPANT OUTCOMES AFTER 1 YEAR OF PROGRAM INVOLVEMENT

- **Indicative of improvement in patient outcomes, the majority of Zoosiab program participants indicated that they could deal with daily problems more effectively (80%), were not bothered by their symptoms or problems as much (72%), and performed better in school and/or work (63%) as a result of participating in the program for 12 months** (Figure 7).

Figure 7: Participant outcomes after one year of program involvement, 12-month survey[1]

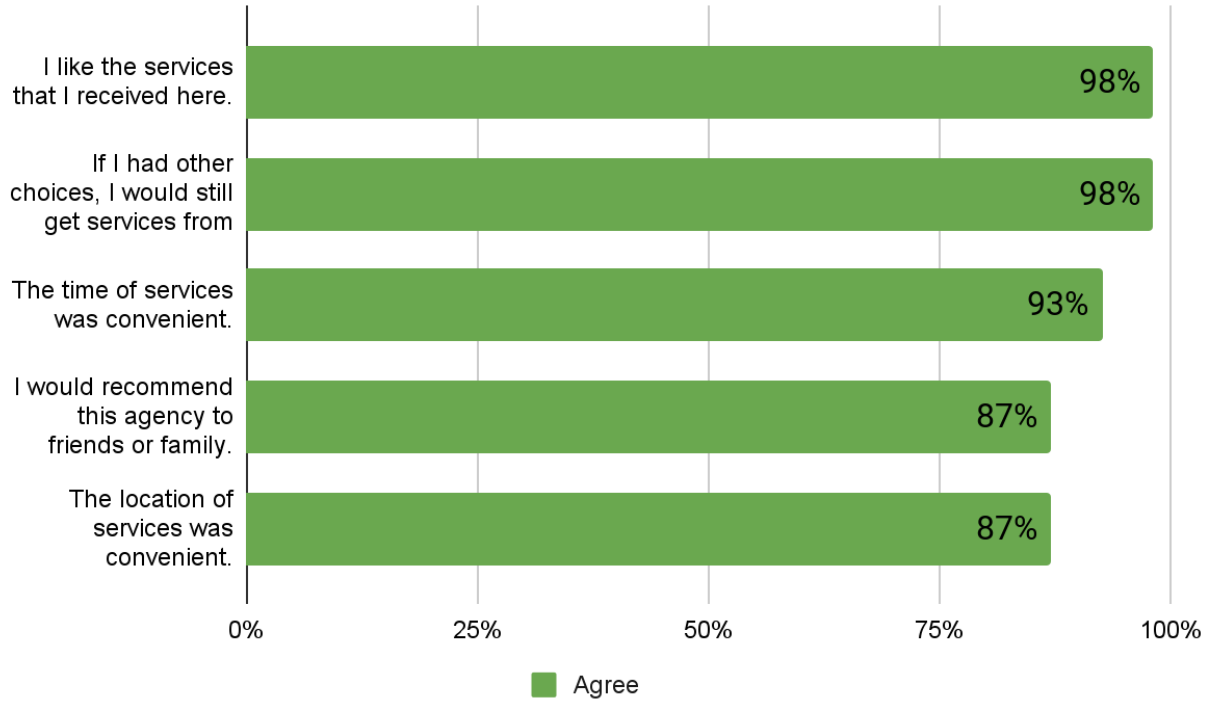


[1] I deal more effectively with my daily problems (N=54), my symptoms or problems are not bothering me as much (N=54), I do better in school and/or work (N=51).

PARTICIPANT SATISFACTION WITH AVAILABLE SERVICES

- Participants of the Zoosiab program were very satisfied with the services provided, as almost all of them agreed that they liked the services they received (98%), they would access the program's services even if presented with other choices (98%), the timing of their services was convenient (93%), they would recommend the agency to friends or family (87%), and that the program's location was convenient (87%) (Figure 8).

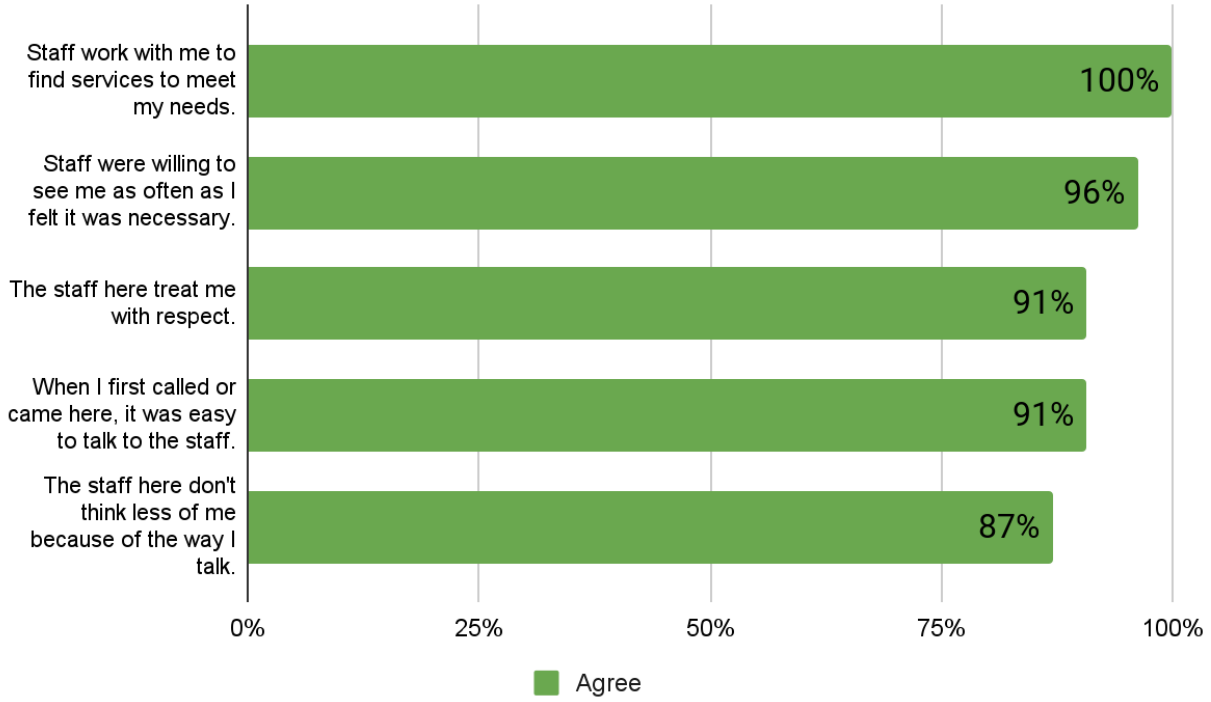
Figure 8: Participant satisfaction with available services, 12-month survey, (N = 54)



PARTICIPANT SATISFACTION WITH STAFF ATTITUDES

- Participants were very pleased with Zoosiab program staff attitudes, as many of them agreed that the staff were able to find services to meet their needs (100%), the staff were willing to see them as often as they felt necessary (96%), they were treated with respect by the staff (91%), it was easy to communicate with the staff when they first called or came to the program (91%), and they were not thought less of by the staff for the way they talked (87%) (Figure 9).

Figure 9: Participant satisfaction with staff attitudes, 12-month survey[1]

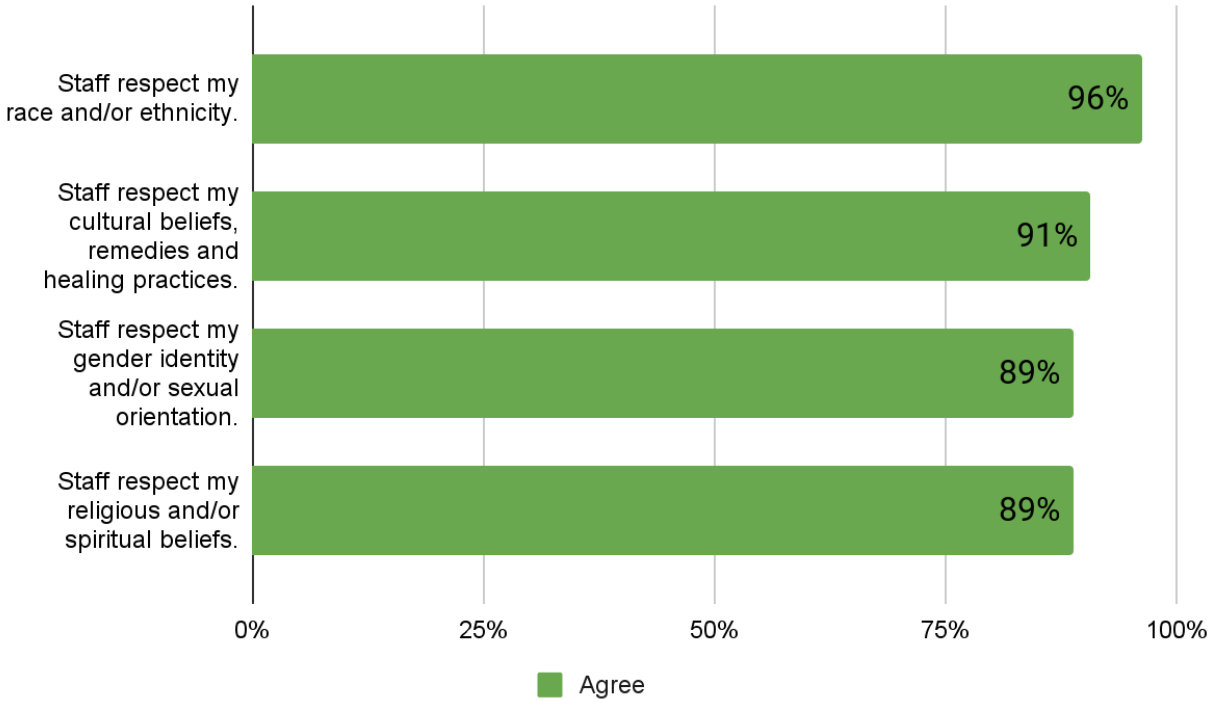


[1] Staff worked with me to find services to meet my needs (N=53), staff were willing to see me as often as I felt it was necessary (N=54), staff here treated me with respect (N=54), when I first called or came here, it was easy to talk to the staff (N=54), staff here did not think less of me because of the way I talked (N=54).

PARTICIPANT PERCEPTION OF STAFF'S RESPECT FOR THEIR IDENTITIES

- Participants predominantly agreed that the Zoosiab program staff respected several aspects of their identities, including race and/or ethnicity (96%), cultural beliefs, remedies, and healing practices (91%), gender identity and/or sexual orientation (89%), and religious and/or spiritual beliefs (89%) (Figure 10).

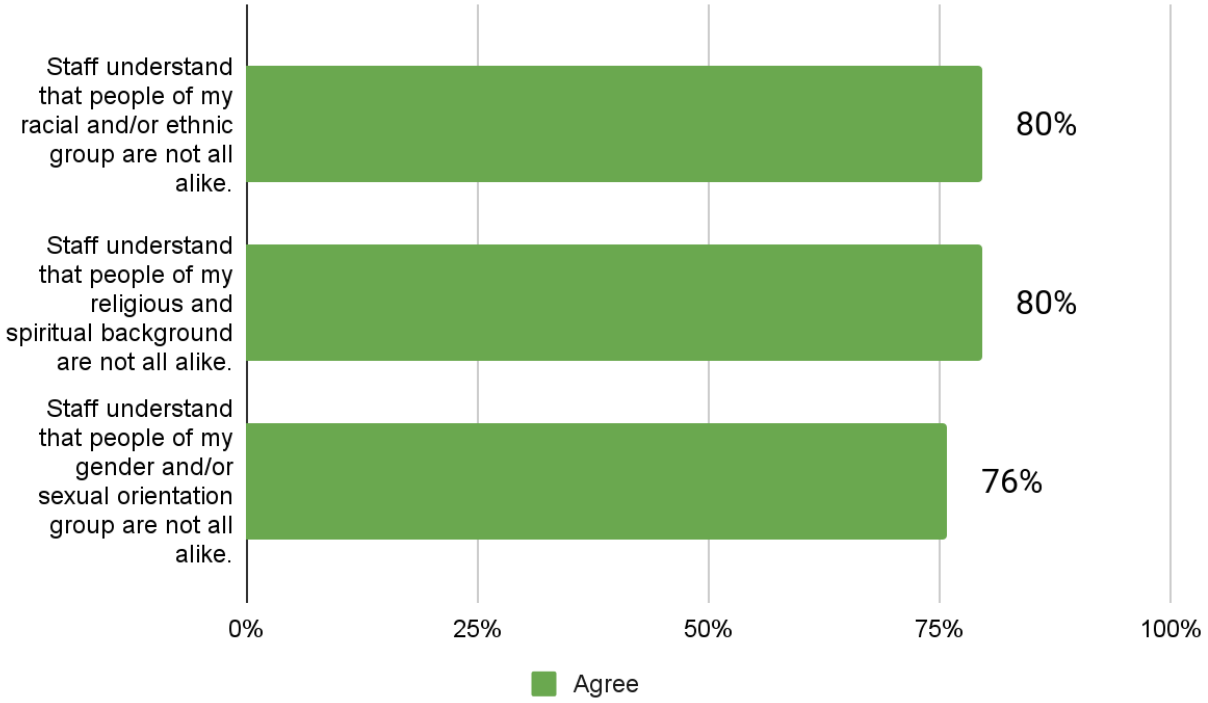
Figure 10: Participant perception of staff respect for their identities, 12-month survey, (N = 54)



PARTICIPANT PERCEPTION OF STAFF'S UNDERSTANDING OF THEIR CULTURAL IDENTITIES

- Most participants agreed that the Zoosiab program staff were understanding of their cultural identities, as the participants perceived that the staff understood that people of their race and/or ethnic group (80%), spiritual and religious background (80%), and gender and/or sexual orientation group (76%) were not all alike (Figure 11).

Figure 11: Participant perception of staff understanding for their identities, 12-month survey, (N = 54)

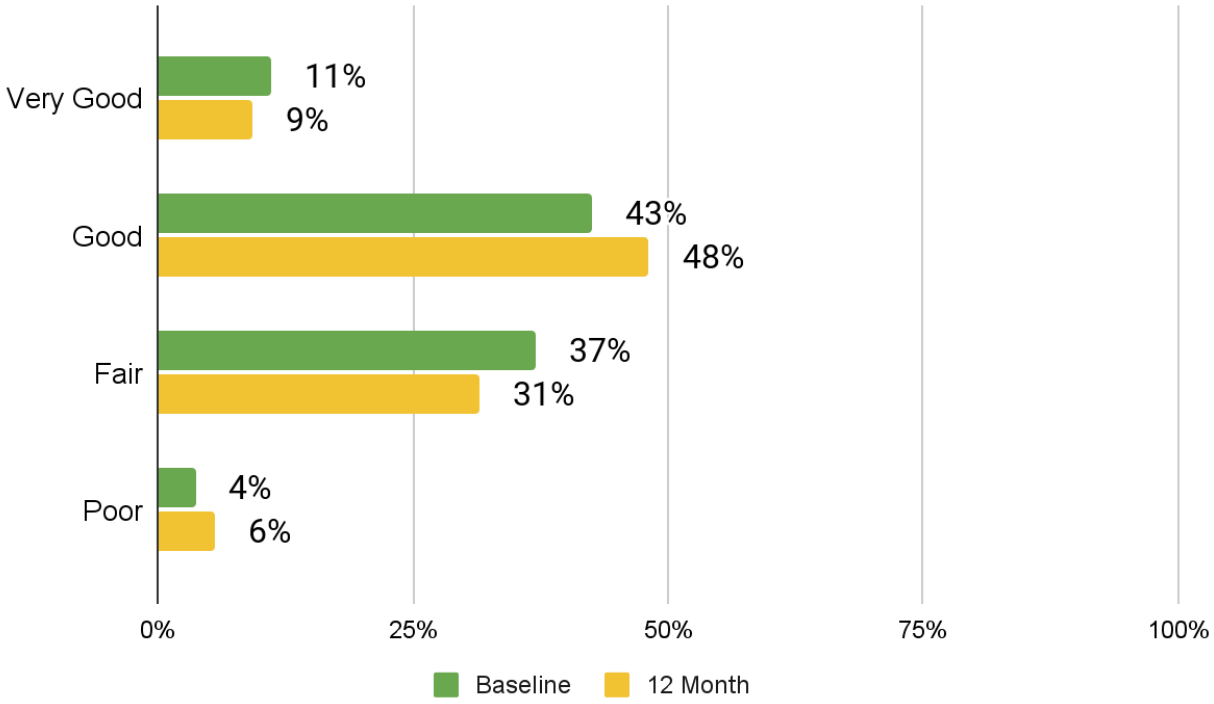


MENTAL HEALTH STATUS

GENERAL HEALTH STATUS

- Over half of Zoosiab program participants self-reported their present health status to be good or very good for both the baseline and 12-month surveys (baseline: 54%; 12-month: 57%), while under half reported fair or poor health status (baseline: 41%; 12-month: 37%), showing that health status improved slightly for program participants between the baseline survey and the 12-month survey (Figure 12).

Figure 12: Self-reported health status (N = 54)

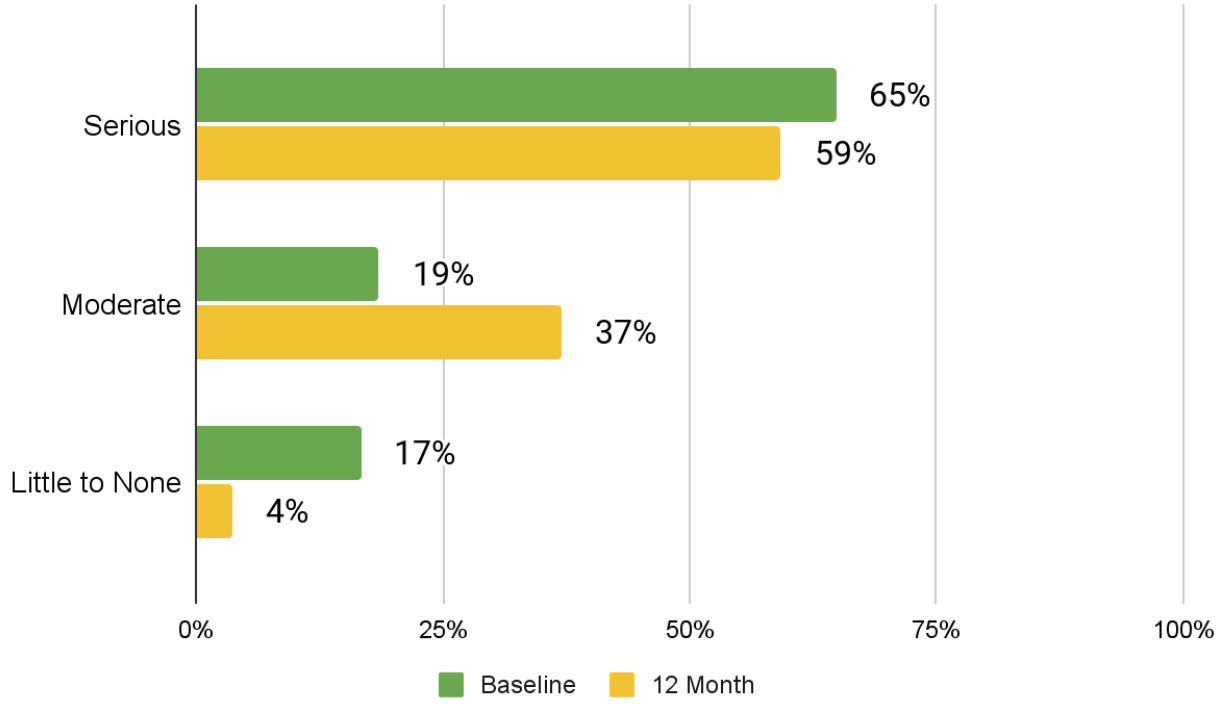


PSYCHOLOGICAL DISTRESS

- Based on the Kessler 6 Distress Scale, a considerable majority of participants were reported to have severe psychological distress (baseline: 65%; 12-month: 59%). In the baseline survey, there were significantly less participants who were reported to have moderate (19%) and little to no psychological distress (17%). A sizable number of participants in the 12-month survey were reported to have moderate psychological distress (37%) and very few participants in the 12-month were reported to have little to no psychological distress (4%) (Figure 13).
- When looking more closely, we found that most participants in the 12-month survey agreed that they experienced nervousness, hopelessness, restlessness, depression, everything was an effort less frequently than in the baseline survey indicating a shift from severe feelings of psychological distress towards more moderate feelings. However, participants reported more frequent feelings of being “worthless” which we believe counteracted the expected shift. As part of the natural aging process and associated decline in physical and psychological functioning and the COVID-19 pandemic conditions that exacerbated them, these developments might have led to increased feelings of being “worthless” and could help explain why we saw an increase

in moderate feelings of psychological distress in the 12-month survey (37%) in comparison to the baseline survey (19%), even though severe psychological distress decreased in the 12-month survey (59%) compared to the baseline survey (65%) (Figure 13).

Figure 13: Psychological Distress (Kessler 6) during the past 30 days (N = 54) *Percent of participants with Kessler 6 scores aligning in each category: *Little to none PD (K6 <5); Moderate PD (5≤K6<13); Serious PD (K6≥13)*

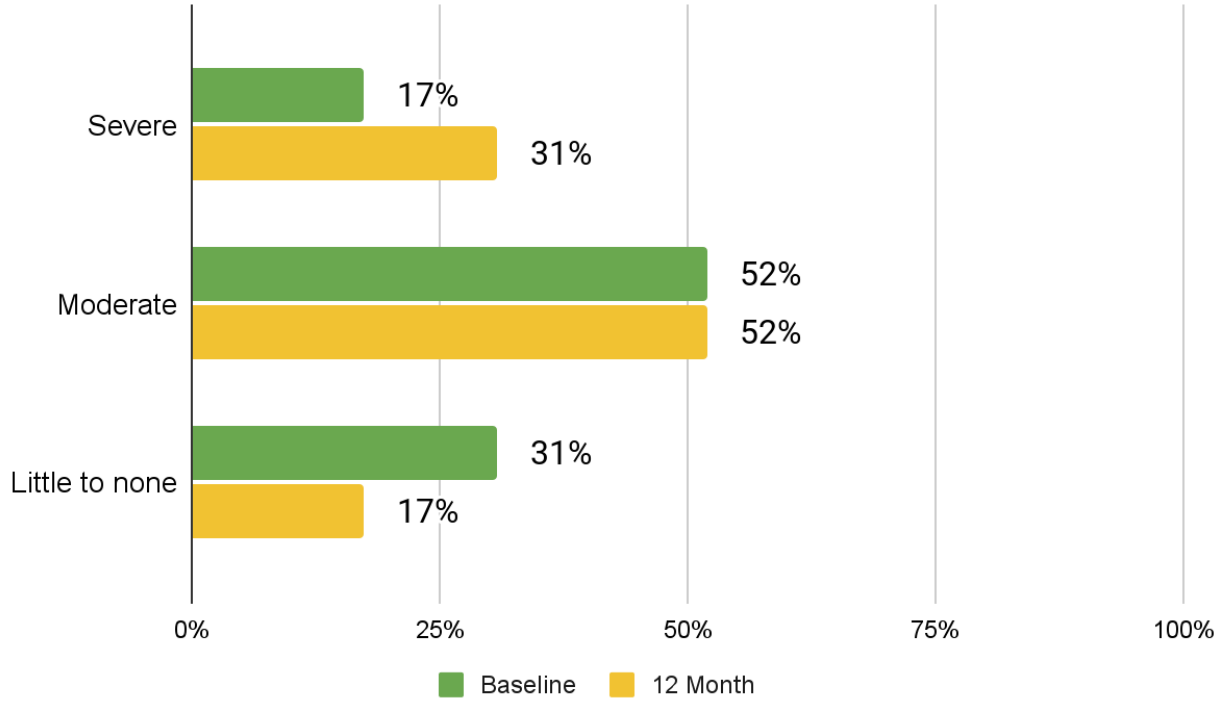


PSYCHOLOGICAL FUNCTIONING

- In the baseline survey, 17% of participants indicated that their emotions had a severe effect on their overall psychological functioning in comparison to 31% of participants in the 12-month survey. The opposite was true for participants reporting little to no effect (baseline: 31%; 12-month:18%). Over half of the participants in both the baseline and 12-month survey indicated that their emotions moderately interfered with their overall psychological functioning (baseline: 52%; 12-month: 52%) (Figure 14).
- When looking more closely at the indicators for psychological functioning, we found that participants in the 12-month survey responded that their emotions more frequently interfered with their abilities to do household chores and more frequently interfered with their social life, but there was no change in emotions interfering with their relationships between family and friends in the 12-month survey compared to the

baseline survey responses. The more frequent interference in their abilities to do household chores and engage in their social life due to the natural aging process and associated decline in physical and psychological functioning as well as the COVID-19 pandemic context that exacerbated their abilities to do household chores and social engagements could in part explain why we saw an overall increase in overall psychological functioning at the 12-month survey (31%) comparted to the baseline survey (17%) (Figure 14).

Figure 14: Psychological functioning during the past 30 days (N = 52) *Percent of participants with psychological functioning scores aligning in each category: *N=0: None or Little Impairment, 1≤N<4: Moderate Impairment, 4≤N≤8: Severe Impairment*

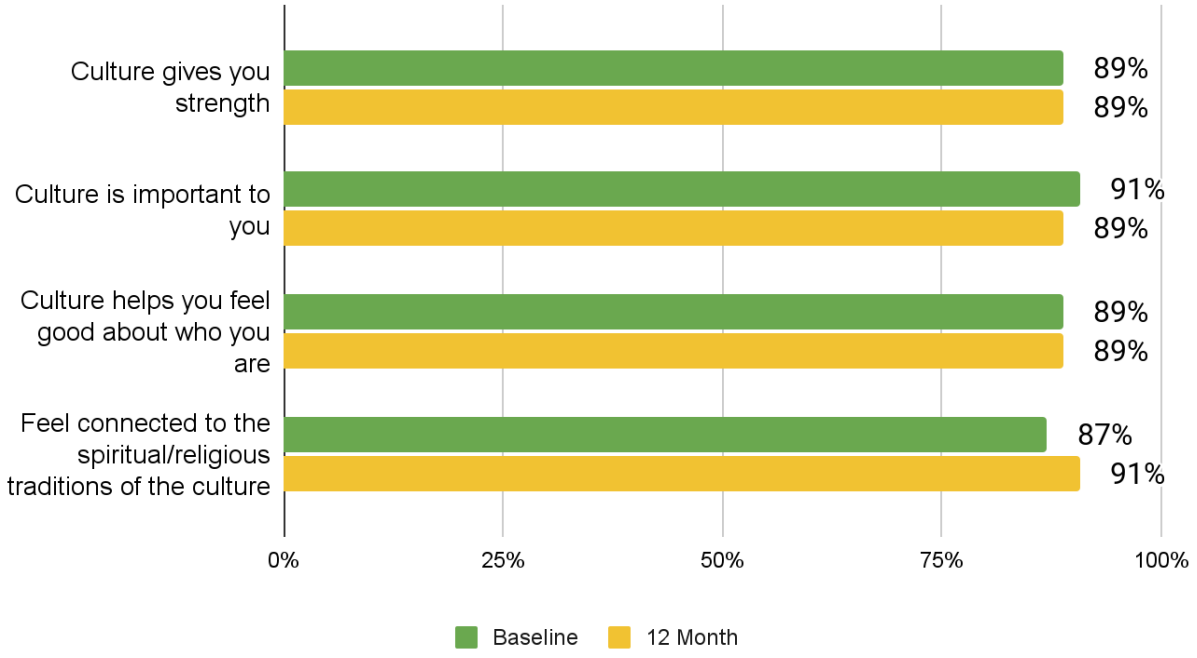


SOCIAL AND CULTURAL WELL-BEING

CULTURAL CONNECTEDNESS

- Across both the baseline and 12-month surveys, almost all of the participants agreed that culture gave them strength (baseline: 88%; 12-month: 89%), culture was important to them (baseline: 91%; 12-month: 89%), culture helped them feel good about who they are (baseline: 89%; 12-month: 89%), and they felt connected to the spiritual/religious traditions of the culture (baseline: 87%; 12-month: 91%) (Figure 15).

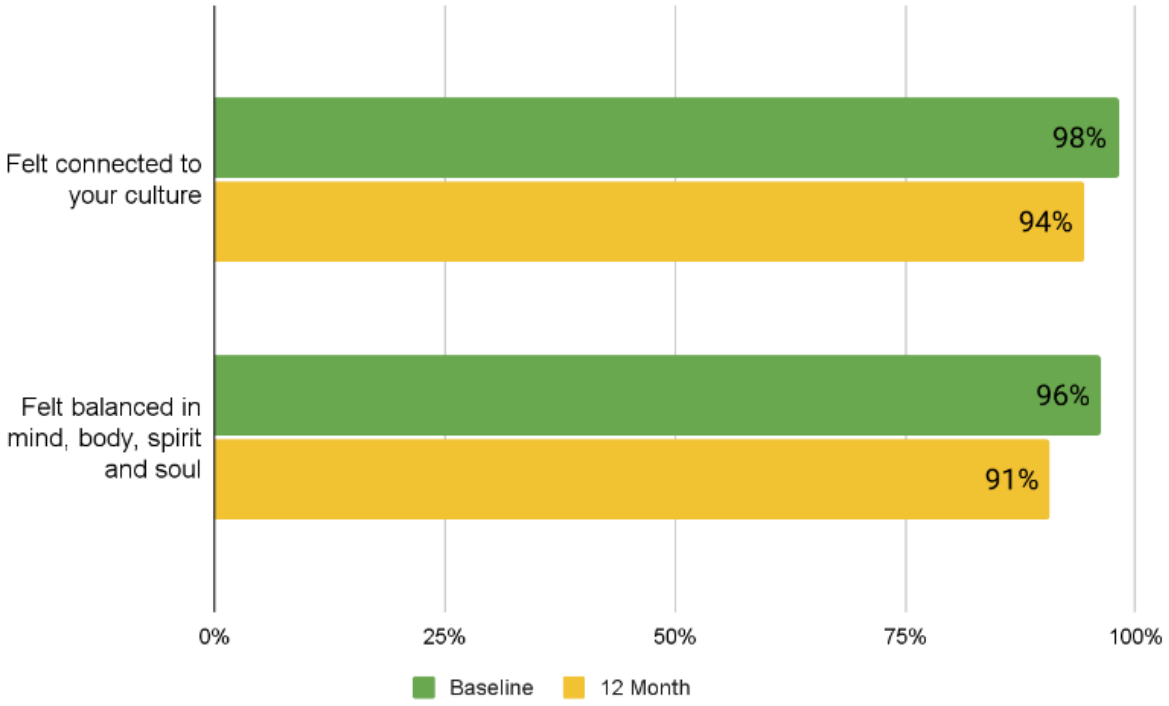
Figure 15: Cultural connectedness factors (N = 54) *Percent of participants reporting "agree" for each question.



CULTURALLY BASED PROTECTIVE FACTORS

- Indicative of feeling protected by cultural factors in the past 30 days, almost all of the participants agreed that they felt connected to their culture all of the time or some of the time (baseline: 98%; 12-month: 94%) and that they felt balanced in mind, body, spirit, and soul across both surveys (baseline: 96%; 12-month: 91%) (Figure 16).

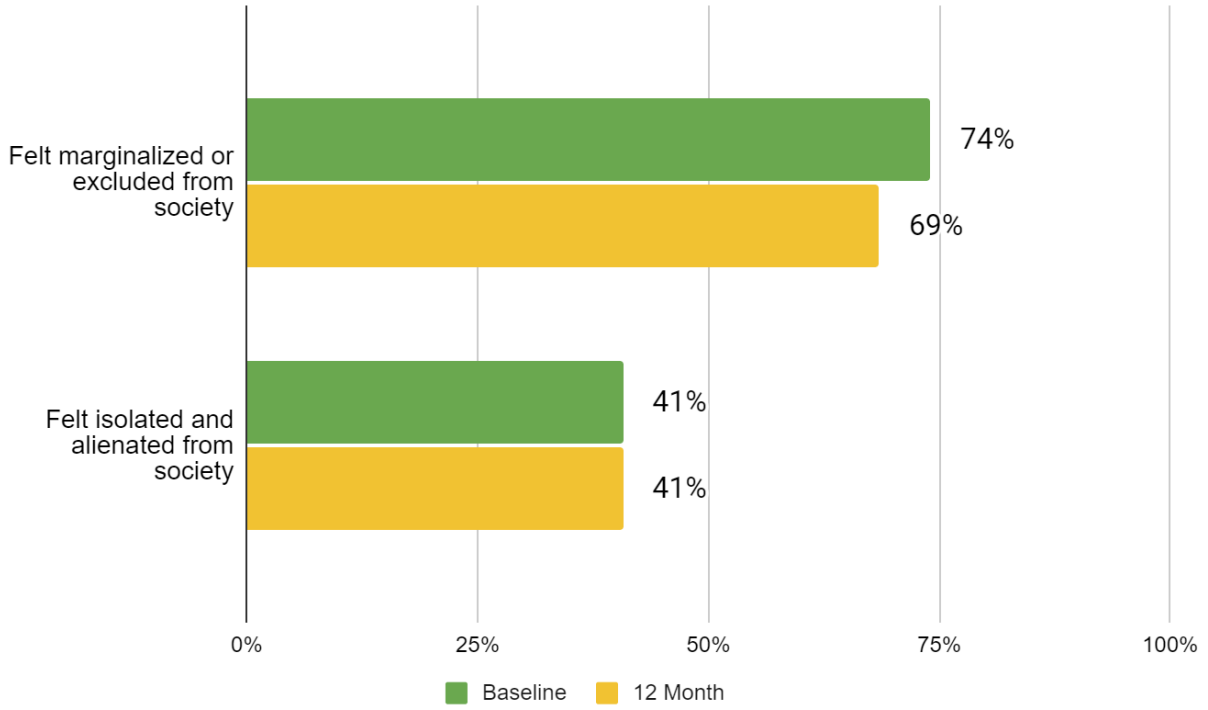
Figure 16: Culturally based protective factors during the last 30 days (N= 54) *Percent of participants reporting "all of the time" or "some of the time" for each question.



SOCIETAL CULTURAL RISK FACTORS

- Indicative of socio-cultural feelings of isolation, most participants felt marginalized or excluded from society over the past 30 days all of the time or some of the time at baseline (74%) and declined slightly at 12-months (69%). Many participants agreed that during the last 30 days they felt isolated and alienated from society at baseline (41%) and stayed the same at 12-months (41%). **Overall, socio-cultural risk factors decreased slightly from baseline to 12 months indicating a possible association between enrollment in the Zoosiab programs and decreases in feelings of isolation and marginalization** (Figure 17).

Figure 17: Societal cultural acceptance risk factors during the last 30 days (N= 54) *Percent of participants reporting "all of the time" or "some of the time" for each question.



EXPERIENCES OF RACISM

- Indicative of experiencing racism, most participants reported being treated with less courtesy than other people (baseline: 65%; 12-month: 65%). Some participants reported being called names or insults (baseline: 38% 12-month: 35%). Most participants reported having people act as if they were afraid of them at 12-months (68%) compared to baseline (25%) (Figure 18).
- Most participants attributed these experiences to their race or ethnicity (baseline: 52%; 12-month: 31%) or to their skin color or tone (baseline: 19%; 12-month: 21%), with other reasons including language, religion, gender, age, height or unspecified (Figure 19). In addition, This dramatic increase in people acting as if they were afraid of them may in part be due to the anti-Asian xenophobia during the COVID-19 pandemic.

Figure 18: Participants' experiences with racism day-to-day (N = 51) *Percent of participants reporting "a lot of the time" or "some of the time" for each experience.

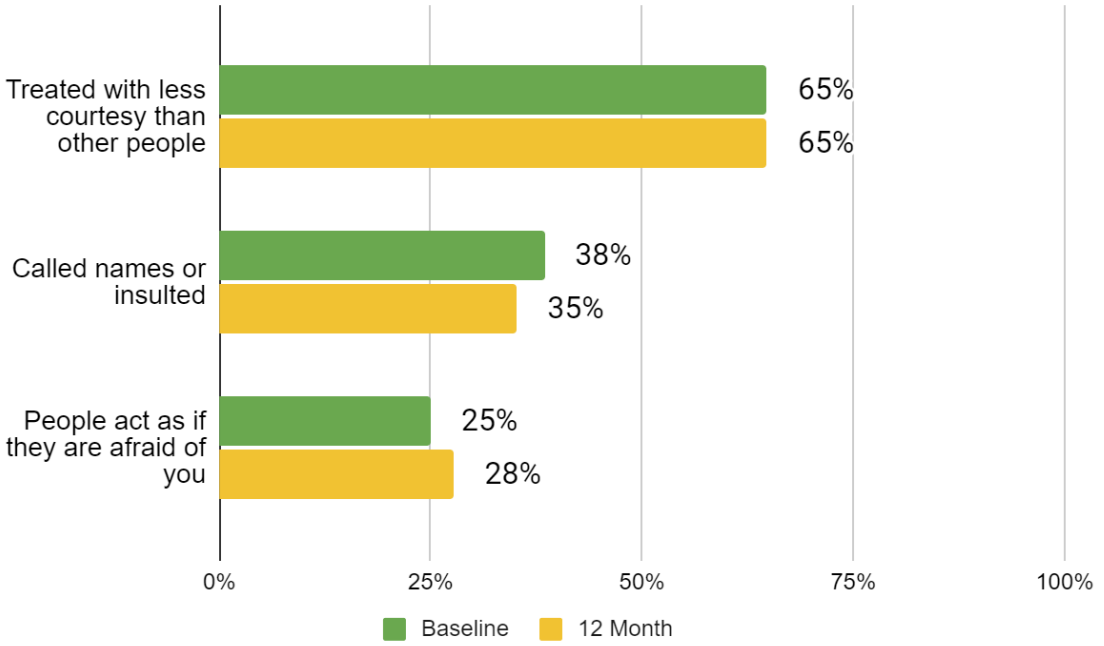
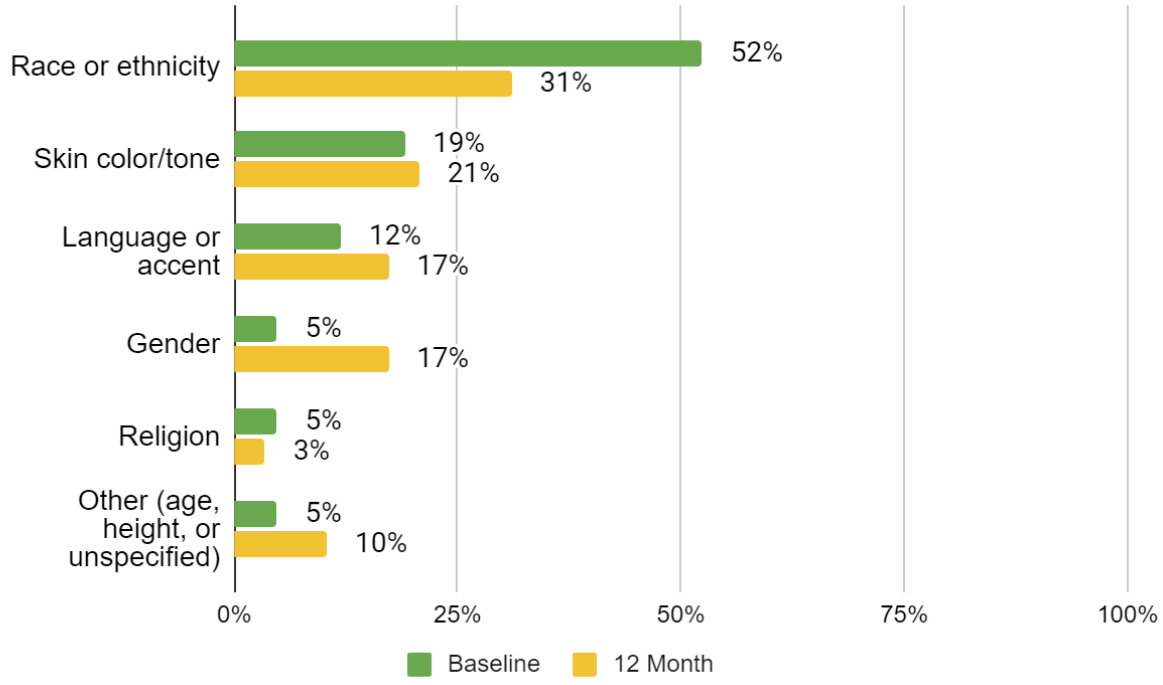


Figure 19: Participants perceived reasons for experiences with racism day-to-day (N = 42 baseline, N = 29 12-month) *Percent of participants reporting each reason.



HEALTH EDUCATION KNOWLEDGE AND SATISFACTION

PARTICIPANT SATISFACTION

Participants were asked to respond to satisfaction questions in the pre- and post-surveys of each set of Health Education sessions by topical area (General Health, Mental Health, Life Skills, Physical Activity, and Cultural Enrichment) from 2018 to 2020. The combined average scores (pre- survey: 95.0 %; post-survey: 95.4%) indicated almost all participants were extremely satisfied with all the Health Education sessions. One exception to the exceptionally high satisfaction score overall was the satisfaction scores (pre-survey: 65.0%; post-survey: 66.3%) for the 2020 Mental Health sessions, as these sessions and associated pre- and post-surveys were conducted during the onset of the COVID-19 pandemic period (March to June 2020). We attributed these lower scores to the logistical and personal challenges the Zoosiab program staff and participants encountered with the transition to holding these mental health sessions by phone during this period. When we excluded these participant satisfaction scores from the 2020 mental health session surveys, the combined average score for the overall participant satisfaction was even higher (pre-survey: 97.8%; post-survey 98.0%) across the 3 years.

OVERALL HEALTH KNOWLEDGE

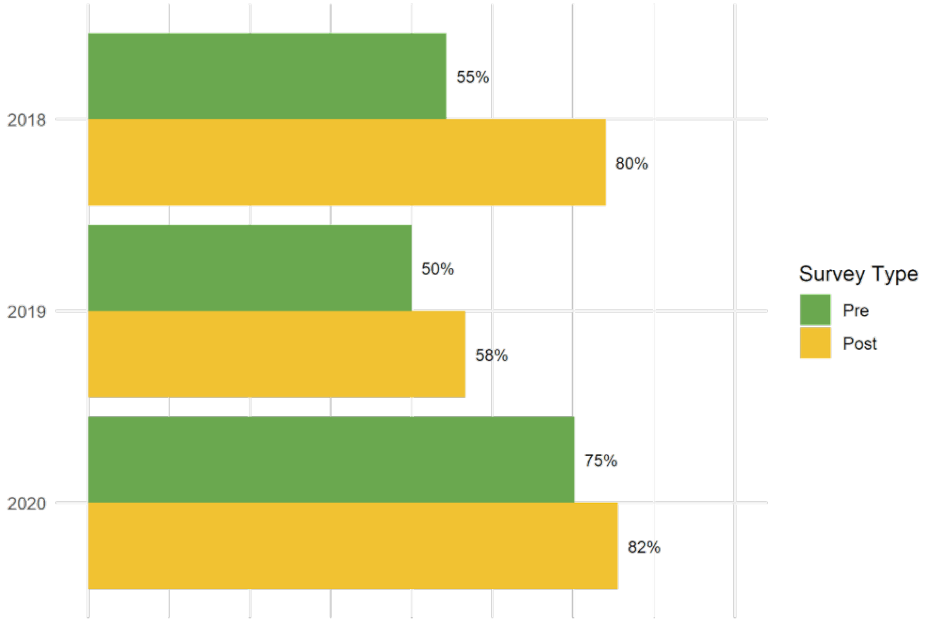
Both male and female participants for the health education sessions across the 5 topical areas (General Health, Mental Health, Life Skills, Physical Activity, and Cultural Enrichment) showed improvements in their knowledge from 2018 to 2019, but mostly stayed the same or declined in 2020 overall. Mental Health knowledge declined the most for participants in 2020, due to the mental health sessions having taken place during the onset of the COVID -19 pandemic.

However, participants also showed improvements in their knowledge of Physical Activity and Life Skills in 2020, indicating that the Zoosiab program adjusted quicky and was successful at the phone and virtual approaches to health education during the COVID-19 pandemic period. Female participants showed higher baseline knowledge across topical areas across the years except for Cultural Enrichment, while male participants showed a higher rate of improvement in knowledge overall across most topical areas.

PHYSICAL ACTIVITY KNOLWEDGE

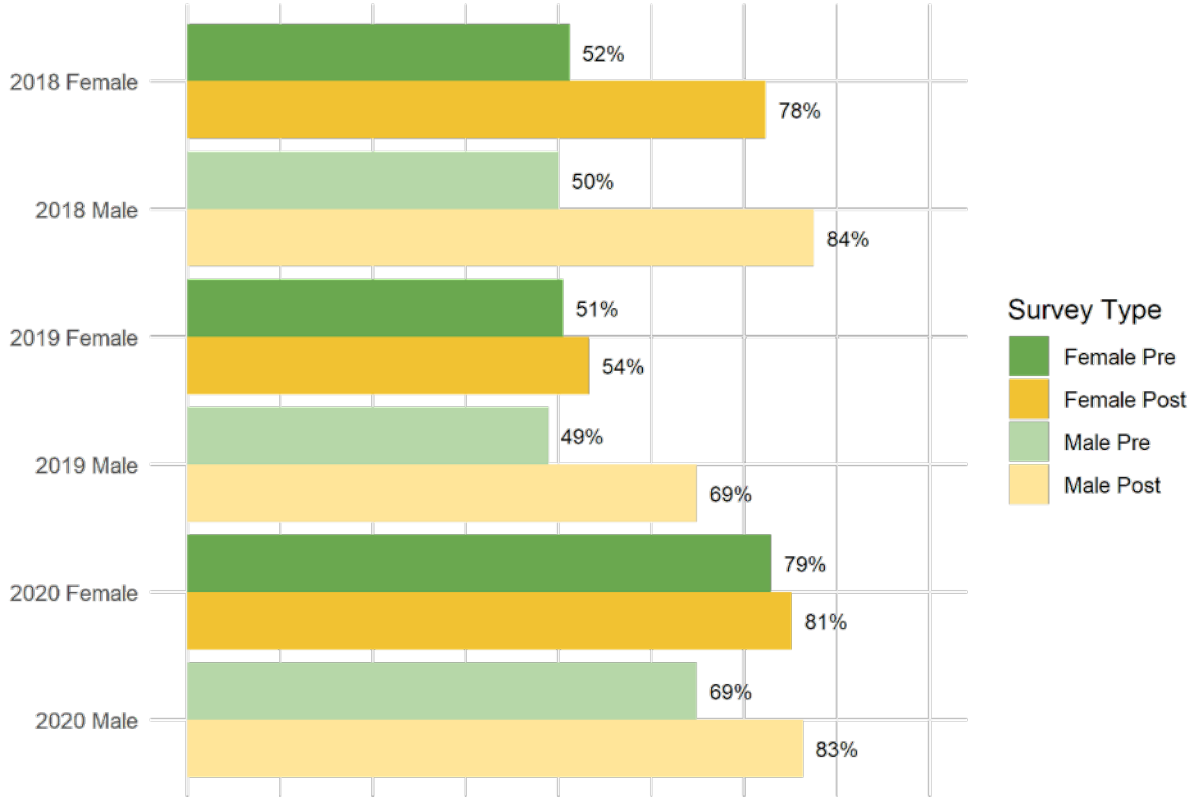
- By sex, both female and male participants showed consistent improvement in Physical Activity knowledge from the health education sessions each year from 2018 to 2020, as measured by the average score achieved in pre- and post- knowledge surveys out of 100% (Figure 20 & 21).
- Female participants for the Physical Activity sessions increased their knowledge across all years (2018 1.5-fold increase; Pre: 52%; Post: 78%; 2019 1.06-fold increase; Pre: 51%, Post: 54%; 2020 1.03-fold increase; Pre: 79%, Post: 81%) (Figure 21).
- Male participants for the Physical Activity sessions also improved their knowledge scores across all years (2018 1.68-fold increase; Pre: 50%; Post: 84%; 2019 1.41-fold increase; Pre: 49%, Post: 69%; 2020 1.20-fold increase; Pre: 69%, Post: 83%) (Figure 21).

Figure 20: Physical Activity Knowledge—Average Scores



Notes: Physical Activity Pre- and Post- Surveys; 2018: N = 25; 2019: N = 24; 2020: N = 21.

Figure 21: Physical Activity Knowledge—Average Scores, by Sex (%)



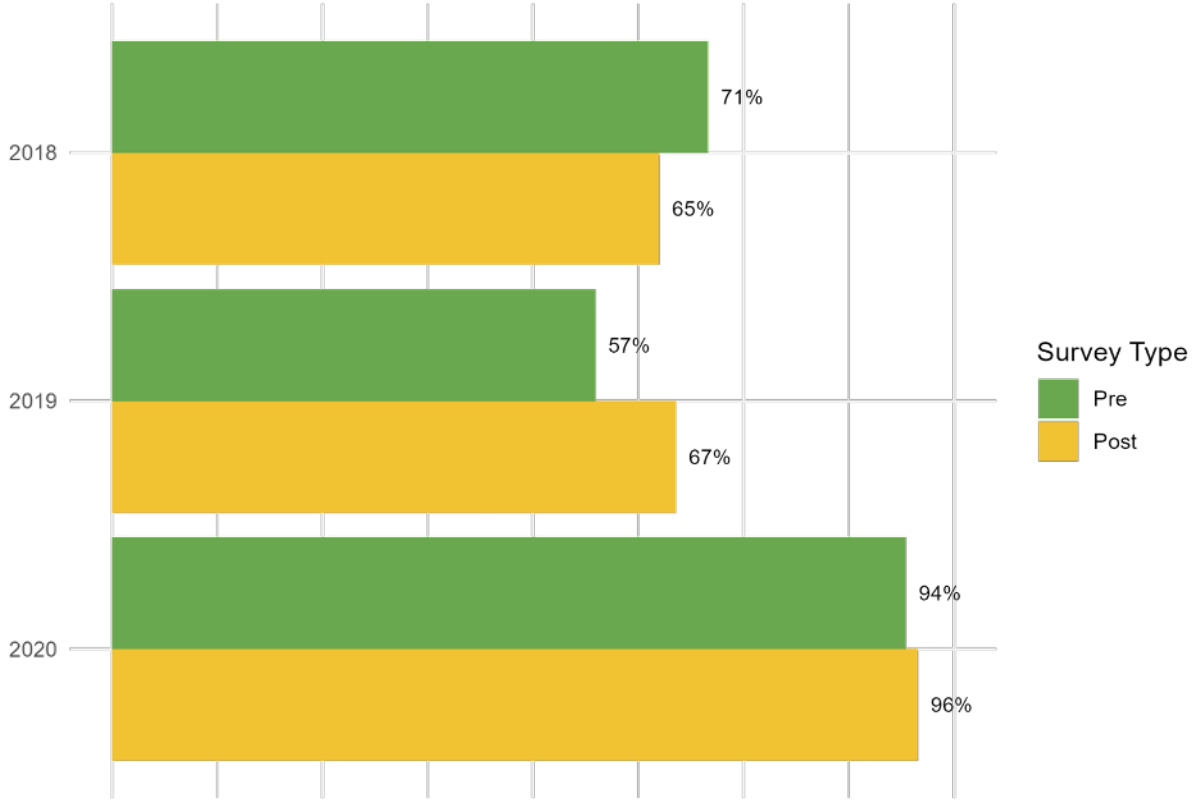
Notes: Physical Activity Pre- and Post Surveys; 2018: N = 25 (68% Female); 2019: N = 24 (71% Female); 2020: N = 21 (67% Female).

LIFE SKILLS KNOWLEDGE

- Participants for the Life Skills sessions decreased their knowledge in 2018 (.91-fold decrease; Pre: 71%; Post: 65%), increased their knowledge in 2019 (1.2-fold decrease; Pre: 57%; Post: 67%), and marginally increased their knowledge in 2020 (Pre: 94%; Post: 96%), as measured by the average score achieved in matched pre- and post-knowledge surveys out of 100% (Figure 22).
- By sex, similar results were observed for both female and male participants for the Life Skills sessions over the years. Both female and male participants decreased their knowledge in 2018, increased their knowledge in 2019, and minimal change was observed in 2020 as a result of the sessions, as measured by the average score achieved in pre- and post-knowledge surveys out of 100% (Figure 23).

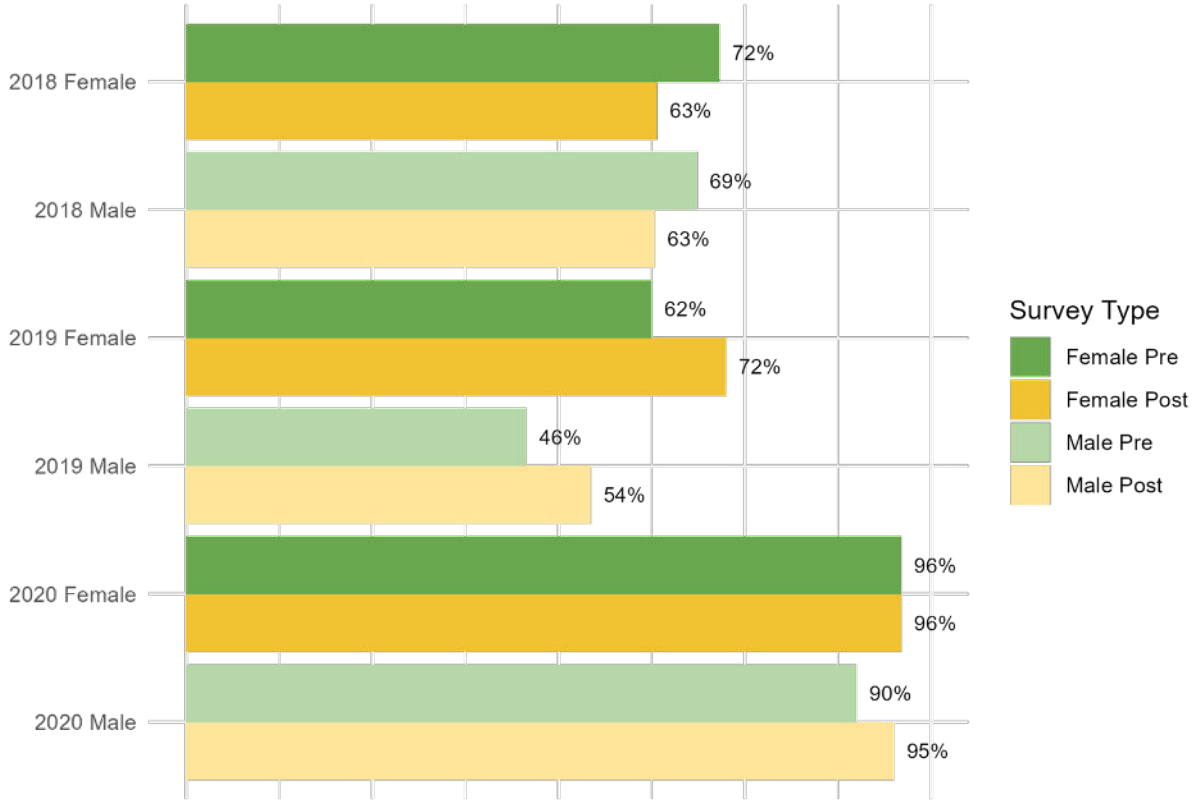
- Female participants decreased their knowledge in Life Skills in 2018 (.88-fold decrease; Pre: 72%; Post: 63%) and increased their knowledge in 2019 (1.2-fold increase; Pre: 62%; Post: 72%), while there was no change in 2020 (Pre: 96%; Post: 96%) (Figure 23).
- Male participants decreased their knowledge in Life Skills in 2018 (.91-fold decrease; Pre: 69%; Post: 63%), improved in 2019 (1.2-fold increase; Pre: 46%; Post: 54%), and improved slightly in 2020 (1.1-fold increase; Pre: 90%; Post: 95%) (Figure 23).

Figure 22: Life Skills Knowledge - Average Scores



Notes: Life Skills Pre- and Post- Surveys; 2018: N = 26; 2019: N = 23; 2020: N = 14.

Figure 23: Life Skills Knowledge - Average Scores, by Sex (%)



Notes: Life Skills Pre- and Post Surveys; 2018: N = 26 (73% Female); 2019: N = 23 (69% Female); 2020: N = 14 (71% Female).

GENERAL HEALTH KNOWLEDGE

- Participants for the General Health sessions remained consistent in their knowledge in 2019 (Pre: 74%; Post: 74%) and decreased their knowledge in 2020 (0.59-fold decrease; Pre: 73%; Post: 41%), as measured by the average score achieved in matched pre- and post- knowledge surveys out of 100% (Data not available for 2018).
- By sex, females showed a slight decrease in General Health knowledge in 2019 and a more drastic decrease in 2020. Male participants showed no improvement in 2019, but a steep decrease in 2020. Both result from the average scores achieved in pre- and post-knowledge surveys out of 100%.
- Female participants for the General Health sessions decreased their knowledge in both 2019 (0.99-fold decrease; Pre: 79%, Post: 78%) and 2020 (0.68-fold decrease; Pre: 77%, Post: 52%).
- Male participants for the General Health sessions showed no change in 2019 (0-fold increase; Pre: 72%; Post: 72%). In 2020, they decreased their knowledge drastically (0.40-fold decrease; Pre: 67%; Post: 27%).

MENTAL HEALTH KNOWLEDGE

- Participants for the Mental Health sessions improved their knowledge in 2018 (1.2-fold increase; Pre: 58%; Post: 67%) and 2019 (1.1-fold increase; Pre: 69%; Post: 74%), and marginally increased their knowledge in 2020 (Pre: 65%; Post: 66%), as measured by the average score achieved in the matched pre- and post-knowledge surveys out of 100%.
- By sex, females showed consistent improvement in knowledge from the Mental Health sessions across the years, while male participants showed little or no improvement across the years as measured by the average score achieved in pre- and post-knowledge surveys out of 100%.
- Female participants for the Mental Health sessions showed similar improvement (1.1-fold increase) across all years (2018 Pre: 59%; Post: 64%; 2019 Pre: 73%, Post: 79%; 2020 Pre: 60%, Post: 64%).
- Male participants for the Mental Health sessions showed little or no change across all the years. In 2018, (0.9-fold decrease; Pre: 55%; Post: 52%), in 2019 (1.1-fold increase; Pre: 62%; Post: 76%), and in 2020 (Pre: 71%; Post: 69%).

CULTURAL ENRICHMENT KNOWLEDGE

- Participants for the Cultural Enrichment sessions marginally improved their knowledge in 2019 (Pre: 88%; Post: 92%), but substantially decreased their knowledge in 2020

(0.71-fold decrease; Pre: 76%; Post: 54%), as measured by the average score achieved in pre and post knowledge surveys out of 100% (Data not available for 2018).

- By sex, female participants showed substantial decrease in knowledge scores for the Cultural Enrichment sessions for both 2019 and 2020, while male participants showed a substantial increase in 2019 but a substantial decrease in 2020, as measured by the average score achieved in pre- and post-knowledge surveys out of 100%.
- Female participants for the cultural enrichment sessions showed a substantial decrease in knowledge in 2019 (0.71-fold decrease; Pre: 94%; Post: 67%) and in 2020 (0.69-fold decrease; Pre: 76%; Post: 53%).
- Male participants for the cultural enrichment sessions showed a substantial increase in knowledge in 2019 (1.3-fold increase; Pre: 56%; Post: 70%) but showed a substantial decrease in knowledge in 2020 (0.8-fold decrease; Pre: 75%; Post: 60%).

ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH

PERCEPTIONS OF THE CAUSES OF MENTAL HEALTH

Based on the community focus groups (FGs), the Hmong community participants perceived that the major causes of mental health in the Hmong community included: their or their families' war trauma, refugee flight and resettlement to the United States (US), family transitions and generational conflicts, lack of education and English proficiency, loss of traditional Hmong culture and preservation of Hmong culture across generations, and various intra-personal issues. Many community participants indicated the Hmong older adults were burdened with their traumatic war experiences, leaving family members behind, and loss of loved ones from the secret war in Laos. All community participants also expressed that the experiences of refugee resettlement and transitions to the United States as adults or elders was a major source of stress and depression. They indicated Hmong refugees experienced significant social adjustment issues due to the combination of cultural, educational, language, and literacy barriers.

> *"[When] you are not educated, you cannot work, you cannot earn income to help improve your life. Poverty cause[s] anxiety and stress. Then, there is nothing good for you at all. We came from oversea[s] (Laos/Thailand). We came as aged individuals. We lack education. We cannot go to school. We have a lot of children. So anxiety comes in many form[s]" (Hmong male participant).*

All participants also shared that Hmong refugees in their transitions to American life experienced family conflict and role reversal with their American raised children being disobedient and rebellious, not meeting their cultural expectations, and causing them to lose hope in their children's and family's American futures. All participants also indicated that many Hmong refugees felt increased stress and depression due to their inability to secure stable jobs

and income and the associated health and social benefits to adequately support their families. These challenges were in part due to their lack of education and English literacy. Most also mentioned mental health was perceived to be a stigma in the Hmong community, not openly talked about, and not know who they could trust to keep their information confidential.

> *"Despite having strong kinship within the Hmong families...it is hard to confide in other Hmong people about the bad things happening in their family…afraid of being called the 'crazy house' if other people know that their family has mental health issues or other concerns" (Hmong female participant).*

Most community participants expressed that these perceptions and experiences caused greater social barriers for Hmong refugees in American society, increased their social isolation, and exacerbated the mental health crisis for Hmong refugees and their family members. Most participants also shared that they understood that the consequences of untreated mental illness could lead to increasing inability for Hmong refugees to perform activities of daily living, self-isolation, cognitive issues, psychological distress, and physical issues. However, the cultural stigma about mental health in the Hmong community could further exacerbate the Hmong refugees' ability to acknowledge that they need treatment.

PERCEPTIONS ABOUT THE ZOOSIAB PROGRAM AND PREFERENCES FOR MENTAL HEALTH SERVICES AND INFORMATION

SUCCESSES OF THE ZOOSIAB PROGRAM

Based on the Zoosiab program participant focus groups (FGs), most Hmong older adult participants expressed that what they liked the most about the Zoosiab Program included: its comprehensive services (recreational group activities, individual services, and resource connections), culturally and linguistically competent staff, the health education sessions and learning about ways to improve their mental health and well-being, and their improved coping skills for reducing stress and depression.

> *"I am constantly stressed because I don't have a place of my own to call home. Some relatives told me that this organization can help me deal with my stress and mental health….I am glad that I am a part of this program and cannot wait to hear the staff to call and remind me about recreational [groups]. I also can't wait to hear about the program field trips that we are going on. I am overjoyed and can't stop think about it. With the program staffs help I was able to get my prescription medication and I am now able to sleep better now as well. Now as soon as nightfall I go straight to bed and sleep till dawn. I am completely satisfied with this program and services there is nothing to dislike about it. I will be completely lost without your help. I am like a child that is waiting for their parents to take them out to play" (Hmong Female Participant).*

Many Hmong older adult participants shared that often times through the Zoosiab Program, the participants, themselves, felt as if they were the children and the staff were the parents in the relationship. Like parents, the Zoosiab program staff took great care of the participants despite being younger. In a different aspect, the participants also felt like children because of the excitement they felt during the Zoosiab recreation group activities. In particular, this program provided the Hmong older adult participants a culturally safe space to openly share and discuss the topic of mental health in their own language and be able to honestly share with each other the potential impact of their mental health conditions on feeling depressed, having suicidal thoughts, and how to prevent them. Through these open discussions, they mentioned they learned how to cope with their mental health, stress, and depression, all the while learning about ways to become more hopeful and happier in life.

> *"Before we have our once a week [recreational] group meetings, we would be very stress and somewhat mentally unstable. But once we attend group and spend time talking about everything for the day, by the time we leave, our stress has been relieved, and we are mentally stable. You children help make us feel happy ourselves and I can't wait to attend group again for the following week. If there wasn't you guys then we probably won't be living this long...whenever we are too stressed and mentally unstable we come see you guys and you make our stress go away and we forget about our thoughts of bad intentions" (Hmong Female Participant).*

All Hmong older adult participants also shared that the Zoosiab staff members were always willing to help them with anything during the recreational group activities such as providing meals and sometimes Zoosiab money (in exchange for goods). When participants needed additional assistance, they felt they could trust the staff and did not need to hesitate to ask the

staff for help. Most participants also shared that they liked learning about ways to improve their health status from the staff through the health education sessions of the Zoosiab Program. In particular, they mentioned they learned about different life skills from these sessions that helped them cope better with their mental health conditions.

> *"In terms of the learning, there are many things which we don't know but you all are teaching us, which is a good thing. Healthy living, you all teach us" (Hmong Female Participant).*

In summary, many Zoosiab participants shared their experiences of improved mental health and well-being due to the Zoosiab program supports and the staff's constant engagement. Most felt psychologically better, more hopeful, happier, and had higher self-esteem about themselves. They smiled and laughed a lot more while attending the Zoosiab Program recreational activities and did not feel stressed, sad, or worried, unlike at home, where they felt alone and sometimes felt like dying. Many also shared that they would not be living this long if it was not for the support they received from the Zoosiab program and staff. They no longer have suicidal thoughts. One participant shared that after attending the various group activities of the Zoosiab Program, they were able to sleep better. Another shared that they no longer had nightmares about their family from during the war and this made them happier. Overall, the participants expressed strong appreciation for the Zoosiab Program and its staff because it helped them learn about and cope with their various mental health issues and more happy.

CHALLENGES OF THE ZOOSIAB PROGRAM

Only a few Hmong older adult participants mentioned challenges they encountered with the Zoosiab program. The challenges pertained to improving program participant communication and outreach, increasing education about the Zoosiab services, increasing program capacity to serve more Hmong older adults, and taking into consideration functional and access needs of older adult when planning field trips. A few of them expressed they wanted to see more communication and outreach efforts in the future, such as increased follow-ups and check-ins by staff with current participants, increased outreach to new members to support increased enrollment and participation in the Zoosiab program, and ensured both the current and new participants could get to know and become more familiar with all the Zoosiab services and staff. Also, a few indicated the Zoosiab program had limited capacity to be able to be able to adequately serve all members of the Hmong older adult community in Butte County. They hoped that the Zoosiab program could secure more financial support to increasing program capacity to be able to adequately serve all the Hmong older adults and their family members across Butte County. Further, a few participants mentioned they found some of the planned field trips to be challenging physically due to their own underlying health conditions that affect their physical mobility. They asked that future field trips should better take into consideration functional and access needs for those that have physical limitations. Further, most program participants indicated that if there was something they did not like about the program, they felt comfortable enough to just let the Zoosiab staff know about it and have the staff help them

address it. A few also indicated they would just stop attending the program in case they did not like it.

"What do you help us elders with? I am happy to enroll but I am not sure what services you offer...what service do you have? Please share so I will know what services to seek and ask for help because I don't know" (Hmong Male Participant).

PREFERENCES FOR TREAMENT AND INFORMATION

Community FG participants indicated the preferred mental health treatment sources for Hmong community members included Hmong family members, use of Hmong cultural practices (e.g., shaman rituals), self-care, Hmong community organizations, and other providers in the community. Due to language and cultural barriers and lack of trust, all community participants strongly preferred to seek care within their Hmong cultural circles before venturing to seek outside Western mental health providers for help as a last resort. Some Hmong community participants also mentioned they primarily preferred mental health treatment from self-care, Hmong family members, and Hmong shamans or cultural providers first, before seeking external Western mental health services outside the Hmong community.

All community FG participants also indicated that strong family and kinship networks could be positive and be a source for happiness and support for Hmong participants seeking mental health services. At the same time, a few felt that these family/kinship networks could also have negative impacts as it might affect or alter their family's reputations and could lead to a potential loss of confidentiality regarding their mental health condition. Furthermore, cultural and religious practices with shaman rituals and/or church prayers could be helpful, as well as self-care through internal motivations, personal goals, and favorite pastimes. When seeking outside help, a majority of participants confirmed that the Zoosiab program at HCCBC was identified as a very good resource for Hmong mental health services as the staff can speak and write in Hmong language and understand their refugee struggles and cultural background. A few participants also expressed that Western medical doctors could be helpful as they could prescribe medications that could relieve their pain. Also, a few participants indicated that counselors were also very helpful in allowing them a safe space to talk through their stress and depression.

In terms of mental health information, the community FG participants indicated that most existing mental health information resources were not culturally or linguistically appropriate. For example, the informational videos and presentations they found on the internet were not in Hmong language. The available written materials (e.g., brochures) they found were either just in English or were poorly translated in Hmong. In addition, language and health literacy barriers prevented most Hmong from accessing the existing mental health information, particularly Hmong older adults who for the most part had low literacy or were illiterate. Most participants indicated that the communication approaches that they highly preferred were receiving mental health information through in-language and in-person information workshops, support groups,

and videos. These tell-show-do approaches were preferred because they could then directly see and hear the person teaching or providing the information. They preferred in-person interactive group approaches as they could learn and exchange ideas with others. A few also indicated in-language, culturally relevant presentation slides with visuals and written materials that provided culturally appropriate messaging could be helpful.

RECOMMENDATIONS FOR IMPROVING PROGRAM PARTICIPANTS' MENTAL HEALTH

To improve mental health status and social well-being, the Zoosiab program FG participants provided a number of recommendations for improving the mental health and well-being of the Zoosiab program Hmong older adult participants. They included:

- Expand the scope and regularity for its field trips and group gatherings
- Expand the staff capacity of the Zoosiab Program to be able to provide more emotional support and elder care to the Hmong older adult participants
- Be mindful of participants' physical limitations when planning group activities
- Ensure a health care provider is available during group activities, particularly for field trips and community garden, to assist participants if needed
- Develop a Zoosiab program services list for current and potential participants that comprehensively outline and summarize all the available services the Zoosiab program offered

All Hmong older adult participants of the Zoosiab program indicated recreational group activities (e.g., group gatherings and field trips) brought much joy and happiness to them. Thus,

to improve their mental health status, the participants recommended that the Zoosiab Program further expand the scope of its group activities. More specifically, in regards to recreational group gatherings, many participants wished to meet more frequently such as weekly instead of just three times each month. They felt more frequent gatherings could help them feel less depressed and socially isolated. They would also like the Zoosiab Program to expand on the field trip options, the number of field trips, and the duration of the trips. For example, some participants expressed wanting to include more outdoor field trips like camping. While others wanted field trips to be longer and more consistently year-round, including during the winter season.

> *"Everything about helping and taking us on field trips was very good. I have hope that in the future our field trips and the cultural center will only grow larger. Hopefully, the center will be able to strive for success" (Hmong Female Participant).*

Hmong older adult participants also indicated they would like more Zoosiab staff members to provide them with more emotional support through regular check-ins, reassurance, and elder care in order to be able to maintain or improve their mental health conditions. Also, as they age, participants mentioned they felt like their cognitive health declined, were not able to retain information as well anymore, and sometimes might say something wrong. When this happens, they asked that the Zoosiab staff members be patient with them. Additionally, some participants communicated that what they really need was kindness from others. For example, when they were sad and/or stressed, what they needed the most was the kind words of affirmation in order to be able to feel more at peace inside. Moreover, participants asked that staff members do not abandon them and instead try to help them to the best of their ability. While this might come in different forms, one participant asked that the staff members help them access actual medications for improving their cognitive as well as psychological functions.

> *"We do have this organization, this "culture center" in our community. However, in terms of living healthy and helping one another, there are many things that [we] still do not have enough services for. Number one is [taking care of] sickness and illnesses [in the Hmong community]. There is not a lot of help [for] the one who is sick or ill. They don't have anyone in the house or someone to live with [to care for] this sick/ill person. That is what I consider a service we are lacking" (Hmong Male Participant).*

According to a few participants, sustainability and expansion of the Zoosiab Program would be vital to help to improve their mental health status and social wellbeing. Additionally, these participants felt this could also be an effective way of improving their access to mental health services and treatment as well. Some participants also suggested that the expansion of the resources and reach of the Zoosiab program should include delivering services that addressed the root causes of mental health and make it available not just to older adults, but for all age groups of the greater Hmong community. Some participants indicated they would feel relieved to know that the Zoosiab program would continue to be available to them in the future.

"The most important is number one, in which we don't have a house, or that housing is too expensive. The elders are stressed. We don't have money, we cannot rent a house to live, which can cause depression. Two, in terms of sickness or illness, there are no doctors to treat you. Those two are the most important things" (Hmong Female Participant).

A few participants also suggested that the Zoosiab staff should be more mindful about physical limitations of participants when choosing the various types of group activities. For example, a few participants referred to a dance activity that the Zoosiab Program offered. Affirming one another at this dance activity, a few participants recommended to each other to "dance only if you can" and "only do the parts that are easier." These participants also suggested that the Zoosiab Program should consider hosting Tai-Chi sessions in lieu of the dance activity. They felt that Tai-Chi would be much easier to follow for Hmong older adults, less strenuous on the body, and would make some participants feel less doubtful and ashamed of the limitations in their physical mobility.

In addition, a few other participants emphasized the importance and need for a doctor or health provider to be available to assist participants during outdoor group activities like field trips and the community garden. These participants shared that they very much enjoyed the outdoor activities that the Zoosiab Program provided. However, they also mentioned that they have to be honest with themselves and acknowledge their health conditions and the associated physical pains limited their physical mobility. In some cases, these physical limitations discouraged a number of participants from attending outdoor activities, because of the fear that they might fall or injure themselves. Thus, they suggested that the best solution to assure all participants could attend, feel safe, and be happy was for the Zoosiab Program to have a doctor or health provider available during these activities.

Furthermore, a few participants indicated they did not know about and would like to receive more information about all the services that the Zoosiab Program offered. They indicated that they would find an in-language brochure with a comprehensive list of Zoosiab program services to be very helpful to them. Some participants found themselves stressing about what support they could and/or could not receive from the Zoosiab Program. Some also found the scope of the individual services and resource connections (e.g., transportation) available to them was so broad that it was too much for them to fully comprehend.

CHANGES TO ZOOSIAB PROGRAM CAPACITY

Over the course of the California Reducing Disparities Project (CRDP) Phase 2, the Zoosiab program was able to implement a substantive number of changes to expand its program capacity in order to serve more Hmong older adult participants across Butte County and improve the quality of its services. Starting in 2017, the Zoosiab program was able to double the number of recreational group activities each month, increasing from 3 sessions to 6 sessions, and expand these group activities to a new location in Chico, in addition to the previous

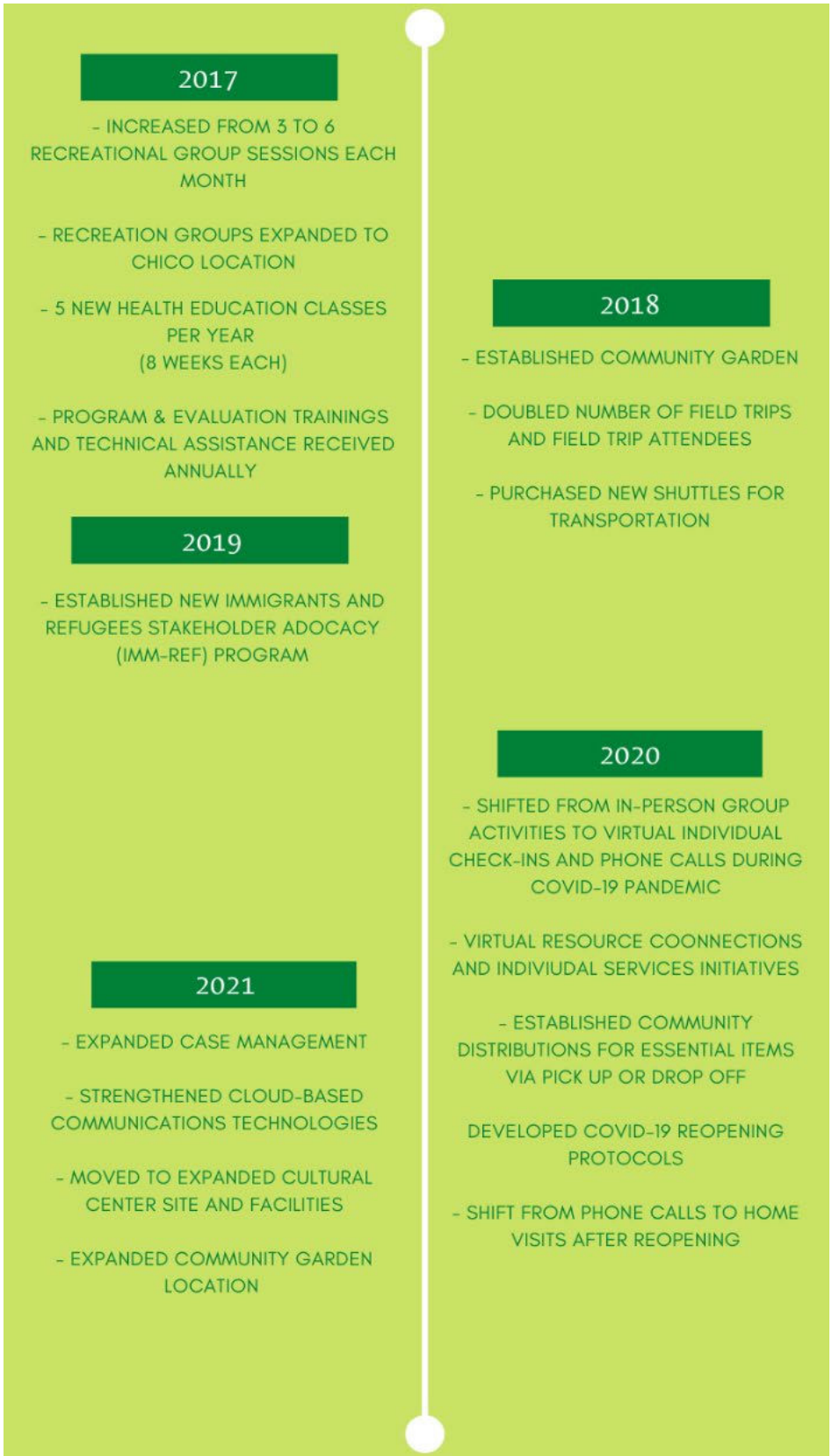
location in Oroville. In 2017, the program also developed a health education curriculum and established 5 new health education classes, each weekly over an 8 week period. These classes covered 5 topical areas (General Health, Mental Health, Life Skills, Physical Activity, and Cultural Enrichment) and were implemented annually. 2017 was also the first year that the Zoosiab program staff received ongoing trainings and technical assistance each year from the CRDP, Asian & Pacific Islander Technical Assistance Provider (API TAP), and local evaluator to improve the administration, implementation, and evaluation of the Zoosiab program (Figure 24).

Figure 24. Topics of Asian & Pacific Islander Technical Assistance Program (API TAP) and Local Evaluator Trainings

In 2018, the Zoosiab program worked with a local resident to identify a site for its new community garden. The community garden relocated a number of times, and currently located at a new expanded location. The community garden is an example of how the Zoosiab program designed culturally meaningful activities to best serve its community, allowing Hmong older adults and their family members to interact with nature and exist in a space that they find comforting and reminiscent of their homeland. The number of field trips and the participant capacity of field trips were both doubled in 2018 as well. New shuttles were also purchased to increase transportation access for participants, who often rely on the Zoosiab program to help transport them from home to the Hmong Cultural Center or other places such as clinics, hospitals, etc., and back.

In 2020, due to the COVID-19 pandemic, the Zoosiab program quickly adjusted its in-person recreational group services to virtual individual services and telephone calls to protect the program participants' health, while still ensuring that they were able to receive adequate support and care from the Zoosiab program. The Hmong staff also started to regularly distribute essential items to Hmong older adults and other community members in need during this time. In 2021, the Hmong Cultural Center of Butte County moved from its old office in a shopping center area to a new 4-acre location with a house that has been renovated into an office, an expanded community garden, and more. HCCBC also strengthened the Zoosiab program's cloud-based communication technologies to enable seamless adjustment to serve clients virtually in addition to in-person moving forward. The Zoosiab program capacity changes are summarized in the timeline below (Figure 25).

Figure 25. Zoosiab Program Capacity Developments: 2017 to 2021



DISCUSSION

ORGANIZATIONAL CAPACITY BUILDING

According to the key findings from this community-based, mixed methods program evaluation, the Zoosiab program has made major transformations to their program capacity during California Reducing Disparities Project (CRDP) Phase 2. **The Zoosiab program has been able increase its capacity to serve an average of 25% more participants each year, double the number of the recreational groups from 3 sessions to 6 sessions per month, establish and implement a new health education program, double the number of field trips per year, and double the number of participants that can attend each field trip. During the CRDP, the Zoosiab program has also been able to build and sustain a new community garden, increase transportation capacity with more shuttles, establish a new immigrant and refugees stakeholder advocacy program, develop virtual, cloud-based communication initiatives during the COVID-19 pandemic, and receive training and technical assistance to support HCCBC's sustainability initiatives to develop into a cultural health center with comprehensive mental health, health, and social services for the Hmong community in Butte County and across rural Northern California.**

PARTICIPANT SATISFACTION OF ZOOSIAB PROGRAM SERVICES

According to both the Statewide Evaluation (SWE) surveys and Zoosiab program participant focus group findings, almost all Zoosiab program Hmong older adult participants at the 12-month follow-up expressed they liked the services they received (98%). Most participants also expressed that it has helped them deal with their daily problems more effectively (80%), reduced the severity of their mental health symptoms (72%), helped improve their performance in work and/or school (63%). All participants expressed the Zoosiab staff met their service needs (100%) and treated them with respect (91%).

MENTAL HEALTH STATUS

According to the SWE survey results, the Hmong older adult participants also indicated that their general health status improved over time after participating in the Zoosiab program (baseline: 54%; 12-month: 57%). In addition, fewer Zoosiab program participants experienced severe psychological distress after participating in the program (baseline: 65%; 12-month: 59%).

CULTURAL CONNECTEDNESS

Almost all Zoosiab program older adult participants expressed that the Hmong culture gives them strength (baseline: 89%; 12-month: 89%) and they feel closely connected to the Hmong spiritual/religious traditions (baseline: 87%; 12-month: 91%), indicating strong social cohesion and support in the Hmong community. However, most participants expressed that they felt marginalized or excluded from mainstream American society (baseline: 74%; 12-month: 69%), indicating a significant cultural gap persists between Hmong older adults and the surrounding American society where they reside.

BARRIERS TO ACCESS OF MENTAL HEALTH SERVICES

Further, prejudice and discrimination barriers to accessing mental health services persisted with most participants at baseline indicating that they did not feel safe or welcome due to their limited English proficiency (68%), age (62%), religious/spiritual practice (61%), or race/ethnicity (52%). Many participants at baseline also mentioned structural barriers to accessing mental health services such as a lack of transportation, services were too far away, service hours were not convenient, high cost of treatment, and time constraints from work or family obligations. In addition, some participants at baseline acknowledged some attitudinal barriers and perceived stigmas towards seeking help from mental health professionals such as concerns about being admitted to a psychiatric hospital, belief that mental health counseling or treatment would not help, or fear that the information provided to the counselor might not be kept confidential.

IMPROVEMENT IN HEALTH KNOWLEDGE

The participants of the health education sessions showed substantial improvements in their average knowledge scores (pre-post) by topical areas across the years. We can attribute the knowledge improvement of Hmong older adults from 2018 to 2019 to the successful in-language, culturally appropriate delivery of the health education sessions (e.g., Mental Health and Physical Activity) in the first years of the program, with the exception of a slight decrease in average scores (pre-post) for the Life Skills sessions in 2018 (data not available for General Health and Cultural Enrichment sessions in 2018). The average knowledge scores for the General Health, Mental Health, and Cultural Enrichment sessions decreased from 2019 to 2020. We can attribute the decrease in average knowledge scores from 2019 to 2020 for the General Health, Mental Health, and Cultural Enrichment sessions due to the program capacity limitations and stressors during the initial onset response to the COVID-19 pandemic, as these sessions for 2020 were administered between January and June of 2020. On the other hand, the average knowledge scores for Life Skills and Physical Activity increased from 2019 to 2020. We can attribute this increase for both these sessions in 2020 to the exceptional adaptability and resilience of the Zoosiab program staff and participants to the program changes from in-person group sessions to individual, virtual/phone communications during the COVID-19 pandemic with these sessions being administered between June and October of 2020.

1. General Health knowledge average scores (pre-post) stayed steady in 2019 and drastically decreased in 2020. By sex, both female and male participants' average scores decreased in 2020, but male participants' scores decreased substantially more than female participants.
2. Mental Health knowledge average scores (pre-post) improved across all three years. Male participants showed consistent improvement in scores across all three years from 2018 to 2020; meanwhile female participants showed improvement in scores in 2018 and 2019, but scores decreased substantially in 2020.
3. Life Skills knowledge average scores (pre-post) improved in both 2019 and 2020. There was a slight decrease in scores in 2018. Both female and male participants improved their knowledge overall in both 2019 and 2020, with greater improvement for male participants.
4. Physical Activity knowledge average scores (pre-post) improved across all three years from 2018 to 2020. Both female and male participants improved their knowledge each year, with greater improvement for male participants.
5. Cultural Enrichment knowledge average scores (pre-post) increased in 2019 and substantially decreased in 2020. Knowledge scores for males showed improvement in 2019 but declined substantially in 2020. Knowledge scores for females showed declines in both 2019 and 2020.
6. Although males showed more improvement overall in the pre-post comparisons, the overall female average scores were higher than male average scores on the individual pre-surveys and post-surveys for the Life Skills, Mental Health (except 2020), and General Health sessions. Male average scores were higher than female average scores for the Physical Activity and Cultural Enrichment sessions.

CONCLUSION AND RECOMMENDATIONS

Community defined evidence practices such as Hmong Cultural Center of Butte County's Zoosiab program to overcome barriers to mental health services and improve mental health and wellness of vulnerable communities are more critical than ever. This Zoosiab program evaluation has documented that the core elements to cultivating healthy communities lie in the strength and resilience of the ethnic communities and their cultural capital. Ensuring continuing training and pipeline of culturally and linguistically appropriate mental health professionals to be able to deliver and sustain culturally relevant in-language services and health literate approaches are vital to mental health equity and ensuring Hmong and other vulnerable, ethnic communities have full access to mental health services and are not left behind.

Based on the key results from the Zoosiab program evaluation, we provide the following recommendations:

- Support building and expanding the service and administrative capacity of the Zoosiab program to deliver culturally and linguistically appropriate mental health services and healthy aging programs.
- Increase the geographical reach of the Zoosiab program to deliver mental health services and healthy aging programs across Butte County and other rural counties in Northern California.
- Strengthen public-private partnerships between Hmong Cultural Center of Butte County and governmental and non-governmental agencies in programs of diversity, equity, inclusion and belonging to reduce and eliminate the discrimination and

structural barriers to accessing mental health services.

- Take into consideration the literacy levels and English proficiency of the Hmong participants in the development and implementation of the group activities and health education sessions' content, format, and associated materials.
- Train and cultivate mental health and health professionals to be able to integrate Hmong cultural practices with Western practices through standardizing professional school education curriculum and continuing education courses to include cultural competency and health literacy training.
- Build and strengthen Hmong cultural centers and initiatives to support preservation of cultural history, practices, beliefs, and languages in Butte County and across California to ensure Hmong traditions and languages are passed on to the next generation and to be able to serve as the cultural experts for delivering cultural competency training to mental health and health professionals.
- Establish a cloud platform where participants can easily access the Zoosiab program and health education session informational resources and materials virtually, either live or through a recording, during and post-COVID-19 pandemic. Shift towards increasing virtual access that is integrated with in-person group sessions should be prioritized.
- Increase the number of shuttles to be able to transport more participants to the group activities and health education sessions and provide childcare services to participants that need them to help increase participation.
- Ensure in-language, culturally concordant facilitators and instructors that conduct Zoosiab program group activities and health education sessions are more similar in age and gender as the program clients and deliver services that are respectful and considerate of their age and gender.
- Develop group activity and health education session content and materials based on participant interests by gender in addition to ethnic preferences to help both male and female Hmong older adult participants be more engaged with the session content and retaining knowledge.

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APPENDICES

Zoosiab Program Statewide Evaluation (SWE) Core Measures Pre-Survey (English Version)

Zoosiab Program SWE Core Measures Pre-Survey (Hmong Version)

Zoosiab Program SWE Core Measures Pre-Survey Participant Response Sheet (English/Hmong)

Zoosiab Program SWE Core Measures Post-Survey (English Version)

Zoosiab Program SWE Core Measures Post-Survey (Hmong Version)

Zoosiab Program SWE Core Measures Post-Survey Participant Response Sheet (English/Hmong)

Zoosiab Program Health Education Evaluation Pre- and Post-Surveys (English Version)

Hmong Community Focus Group Interview Guide (English Version)

Hmong Community Focus Group Interview Guide (Hmong Version)

Zoosiab Program Participant Focus Group Interview Guide (English Version)

Zoosiab Program Participant Focus Group Interview Guide (Hmong Version)

Zoosiab Program Staff Interview Guide (English Version)

ID:
$\overline{Pop.}$ $\overline{IPP}$ $\overline{Part.Code}$

ADULT VERSION (18+)
PRE

Instructions for Staff Administrator/Program Staff

[This would likely be a cover page attached to core measures.]

Staff administration

If the questionnaire is staff-administered (instead of self-administered by the program participant), staff should remind participants that all questions are voluntary and they can refuse to answer anything they do not wish to. If the participant refuses to answer a question, staff will ask if the participant would like to share why. The staff administrator will document the reason and any observations in the "staff administrator section" on the questionnaire itself. If the participant does not want to share why, staff administrator should not push the participant, but will document any observations in the "staff administrator section" on the questionnaire.

Self-administration

If the questionnaire is self-administered, the staff will review the instructions with the participants before giving them the survey. After the participant finishes the survey, staff will ask the participant to scan through all the pages to make sure they filled out all of the survey items, and that no items were left blank unless they purposefully intended to leave it blank. (The participant can answer any questions left unintentionally blank question then.) After this step, the participant can place their survey in an envelope and hand it back to staff.

General Instructions

The California Reducing Disparities Project (CRDP) is a statewide project that is working across five historically unserved, underserved, and/or inappropriately served population groups: the African American; Asian and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ); and Native American. In order to collect data to address the disparities for these multiple populations, a set of standard questions have been developed for all populations. Since these are standard questions, some of the questions may not feel applicable or relevant for you to answer.

All information that you share on this questionnaire will be confidential. The data will be shared with the State, but your name will not; and whatever you share cannot be connected back to you. As you answer, you may feel that one or more of the questions below do not apply to you or make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary. Any level of participation is appreciated, because any information that you provide will be useful in helping us understand the disparities for and across multiple populations. If you have any questions, please ask the program staff who gave you this questionnaire.

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

At present…	**Agree**	**I am Neutral**	**Disagree**
1. Your culture gives you strength. SWE1	1☐	2☐	3☐
2. Your culture is important to you. SWE2	1☐	2☐	3☐
3. Your culture helps you to feel good about who you are. SWE3	1☐	2☐	3☐
4. You feel connected to the spiritual/religious traditions of the culture you were raised in. SWE4	1☐	2☐	3☐

Instructions: The next questions are about how you have been feeling during the past month

About how often during the past month did you feel…	**All of the time**	**Some of the time**	**None of the time**
5. …connected to your culture? SWE5	1☐	2☐	3☐
6. …balanced in mind, body, spirit and soul? SWE6	1☐	2☐	3☐
7. …marginalized or excluded from society? SWE7 (*In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.*)	1☐	2☐	3☐
8. …isolated and alienated from society? SWE8 (*In other words, feeling alone, separated from, cut off from the world beyond your family, school, and friends.*)	1☐	2☐	3☐

9. Do you <u>currently</u> have health insurance coverage? (check one) SWE9

1☐ **Yes (GO to Q10)** 0☐ **No (GO to Q11)** 77☐ **Refused (Go to Q11)** 88☐ **Don't Know (Go to Q11)**

→ 9a. *Did you have health insurance coverage in the past year*? SWE9a

1☐ Yes 0☐ No 77☐ Refused 88☐ Don't Know

	Yes	**No**	**Refused**	**Don't Know**
10. Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist? SWE10	1☐	0☐	77☐	88☐
11. During the past year, did you take any prescription medications, such as an antidepressant or an antianxiety medication, almost daily for two weeks or more, for an emotional or personal problem? SWE11	1☐	0☐	77☐	88☐

	Yes	**No**	**Refused**	**Don't Know**	**NA**
12. Because of problems with your mental health, emotions, nerves or your use of alcohol or drugs, was there ever a time during the past year when you <u>FELT LIKE YOU MIGHT NEED</u> to see a… SWE12					
a. Traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor SWE12a	1☐	0☐	77☐	88☐	99☐
b. Community helping professional such as a health worker, *promotor*, peer counselor, or case manager SWE12b	1☐	0☐	77☐	88☐	99☐
c. Primary care physician or general practitioner SWE12c	1☐	0☐	77☐	88☐	99☐

	Yes	No	Refused	Don't Know	NA
d. Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker SWE12d	1☐	0☐	77☐	88☐	99☐

13. Because of problems with your mental health, emotions or your use of alcohol or drugs, HAVE YOU SEEN (or met with) any of the following helping professionals in the past year? SWE13	Yes	No	Refused	Don't Know	NA
a. Traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor SWE13a	1☐	0☐	77☐	88☐	99☐
b. Community helping professional such as a health worker, *promotor*, peer counselor, or case manager SWE13b	1☐	0☐	77☐	88☐	99☐
c. Primary care physician or general practitioner SWE13c	1☐	0☐	77☐	88☐	99☐
d. Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker SWE13d	1☐	0☐	77☐	88☐	99☐

If YES to Q13c OR 13d, **GO TO Q14**
(otherwise **GO TO Q19**)

14. Did you seek help for your mental or emotional health or for an alcohol or drug problem? (*Circle one*) SWE14	*0 No* **GO TO Q19**	*1 Yes Mental/Emotional Health Problem* **GO TO Q15**	*2 Yes Alcohol-Drug Problem* **GO TO Q15**	*3 Yes Both Mental AND Alcohol-Drug Problems* **GO TO Q15**	*77 Refused* **GO TO Q19**	*88 Don't Know* **GO TO Q19**

15. In the past year, how many visits did you make to a mental health professional (counselor, therapist, psychologist, psychiatrist or social worker) for problems with your mental or emotional health, alcohol-drug problem, or both? Do not count overnight hospital stays. SWE15 _____ # of visits

	Yes	No	Refused	Don't Know
16. Are you still receiving treatment for these problems from one or more of these providers? SWE16	1☐ **GO TO Q19**	0☐ **GO TO Q17**	77☐ **GO TO Q19**	88☐ **GO TO Q19**
17. Did you complete the full course of treatment? In other words, you ended treatment when your counselor, therapist, psychologist, psychiatrist or social worker told you it was ok to end? SWE17	1☐ **GO TO Q19**	0☐ **GO TO Q18**	77☐ **GO TO Q19**	88☐ **GO TO Q19**

18. What is the **MAIN REASON** you are no longer receiving treatment? (Circle ONE only) SWE18

1☐ Got better/No longer Needed
2☐ Not Getting Better
3☐ Wanted to handle the problem on own
4☐ Had bad experiences with treatment
5☐ Lack of time/transportation
6☐ Too expensive
7☐ Insurance does not cover
8☐ Other (Specify) _____ SWE18a
77☐ Refused
88☐ Don't Know

Instructions: Here are some reasons people have for NOT seeking help from a mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker, even when they think they might need it. Even if you are receiving help now, do you agree or disagree with the following reasons why you might not seek help from a mental health professional?

	Agree	Disagree	Refused	Don't Know
19. You were planning to or already getting help from… SWE19				
a. Traditional helping professional such as a culturally-based healer, religious/spiritual leader or advisor SWE19a	1☐	0☐	77☐	88☐
b. Community helping professional such as a health worker, *promotor*, peer counselor, or case manager SWE19b	1☐	0☐	77☐	88☐
20. You didn't know these types of professionals existed. SWE20	1☐	0☐	77☐	88☐
	GO TO Q34	**GO TO Q21**	**GO TO Q34**	**GO TO Q34**

	Agree	Disagree	Refused	Don't Know
21. You didn't feel comfortable talking with them about your personal problems. SWE21	1☐	0☐	77☐	88☐
22. You didn't think you would feel safe and welcome because of your… SWE22				
a. limited English SWE22a	1☐	0☐	77☐	88☐
b. race/ethnicity SWE22b	1☐	0☐	77☐	88☐
c. age SWE22c	1☐	0☐	77☐	88☐
d. religious or spiritual practice SWE22d	1☐	0☐	77☐	88☐
e. gender identity SWE22e	1☐	0☐	77☐	88☐
f. sexual orientation SWE22f	1☐	0☐	77☐	88☐
23. You were concerned about the cost of treatment. SWE23	1☐	0☐	77☐	88☐
24. You didn't have time (because of job, childcare, or other commitments). SWE24	1☐	0☐	77☐	88☐
25. You had no transportation, or the program was too far away, or the hours were not convenient. SWE25	1☐	0☐	77☐	88☐
26. You didn't think you needed mental health counseling or treatment at the time. SWE26	1☐	0☐	77☐	88☐
27. You thought you could handle the problem on your own. SWE27	1☐	0☐	77☐	88☐
28. You didn't think mental health counseling or treatment would help. SWE28	1☐	0☐	77☐	88☐
29. You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you. SWE29	1☐	0☐	77☐	88☐
30. You were concerned that getting mental health treatment or counseling might have a negative effect on your job. SWE30	1☐	0☐	77☐	88☐
31. You were concerned that the information you gave the counselor might not be kept confidential. SWE31	1☐	0☐	77☐	88☐
32. You were concerned that you might be admitted to a psychiatric hospital. SWE32	1☐	0☐	77☐	88☐
33. You were concerned that you might have to take medicine. SWE33	1☐	0☐	77☐	88☐

Instructions: The next questions are about how you have been feeling during the past month.
About how often during the past month did you feel…

	All of the time	Some of the time	None of the time
34. … nervous? SWE34	1☐	2☐	3☐
35. … hopeless? SWE35	1☐	2☐	3☐
36. … restless or fidgety? SWE36	1☐	2☐	3☐
37. … so depressed that nothing could cheer you up? SWE37	1☐	2☐	3☐
38. … feel that everything was an effort? SWE38	1☐	2☐	3☐
39. … worthless? SWE39	1☐	2☐	3☐

40. The above items [about feeling nervous, hopeless, restless, depressed, and worthless] are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q34-Q39) match how you would describe those experiences? (Check one) SWE40

1☐ **A lot**	2☐ **Somewhat**	3☐ **Not At All**

NOW, think about the one month, within the past year, when you were at your worst emotionally. Did your emotions interfere a lot, some, or not at all with your…

	A Lot	Some	Not At All	Refused	Don't Know
41. …performance at work or school? SWE41	1☐	2☐	3☐	77☐	88☐
Check here if not working or not in school during the past year 0☐ SWE41					
42. …household chores? SWE42	1☐	2☐	3☐	77☐	88☐
43. …social life? SWE43	1☐	2☐	3☐	77☐	88☐
44. …relationship with friends and family? SWE44	1☐	2☐	3☐	77☐	88☐

45. The above items [about effect of one's feelings on work, school, home, and social relationships] are often used to describe how emotions affect people's lives. To what extent do the above questions (Q41-Q44) match how you would describe the negative effect of emotions on your life? (Check one) SWE45

1☐ **A lot**	2☐ **Somewhat**	3☐ **Not At All**

46. How old are you? SWE46

1☐ between 18 and 29 years of age
2☐ between 30 and 39 years of age
3☐ between 40 and 44 years of age
4☐ between 45 and 49 years of age
5☐ between 50 and 64 years of age
6☐ 65 or older years of age

47. **VERSION 1**

What is your race and ethnic origin? ***Select only one race category and specify your ethnic origin.*** SWE47

1☐ American Indian or Alaska Native
2☐ Black or African American**:** Please specify your ethnic origin(s):_____
3☐ Latino, Hispanic, or Spanish: Please specify your ethnic origin(s):_____
4☐ Asian: Please specify your ethnic origin(s): _____ SWE47a
5☐ Native Hawaiian or Other Pacific Islander: Please specify your ethnic origin(s): _____
6☐ White: Please specify your ethnic origin(s):_____
7☐ Other Race: Please specify your race and ethnic origin(s):_____
8☐ Multi-Racial: Please specify your origin(s):_____
77☐ Refused
88☐ Don't Know

48. How well can you speak the English language? SWE48

1☐ Fluently
2☐ Somewhat fluently; can make myself understood but have some problems with it
3☐ Not very well; know a lot of words and phrases but have difficulties communicating
4☐ Know some vocabulary, but can't speak in sentences
5☐ Not at all

49. What is your preferred language? _____ SWE49

50. Were you born: SWE50

1☐ Inside the U.S.
2☐ Outside the U.S.
77☐ Refused
88☐ Don't Know

****NOTE REGARDING ZIP CODE.** If you feel that asking your CDEP participants to provide the 1st 3 digits of their zip code places them at risk of being identified, please submit a formal request to omit this item to CDPH-OHE.

51. What are the first 3 digits of your Zip Code? SWE51 _ _ _ ZIP 0☐Unstable housing/ no ZIP code 77☐ Refused 88☐ Don't Know

52. Have you ever spent time in a temporary settlement area for refugees or displaced persons or been held at ICE facilities? [U.S. Immigrations & Customs Enforcement facilities are places that hold or detain illegal immigrants] SWE52

    99☐ Not Applicable
    1☐ Yes
    0☐ No
    77☐ Refused
    88☐ Don't Know

53. About how many years have you lived in the United States? [*For less than a year, enter 1 year*] SWE53
    Number of years_____ 99☐ Not Applicable

54. Thank you for taking the time to answer all these questions. We wanted to remind you that all of your responses are confidential. We want to ask one more question. Did any of the previous questions upset you or make you feel uncomfortable? SWE54
    0☐ No
    1☐ Yes (If yes, which ones? Please specify #'s: _____) SWE54a

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals encompass all races and ethnicities, religions, and social classes. Discrimination against LGBTQ persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Yet, the LGBTQ community faces greater difficulties in accessing mental health care due to stigma.

Sexual orientation and gender identity questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs. In order to effectively address LGBT health issues, it's important to ask these questions in surveys. This will allow researchers and policy makers to accurately understand LGBT health and disparities.

As you answer, you may feel that one or more of the questions below do not apply to you or make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary.

55. My sex at birth was…

Staff-Administered:
**Staff Administrator Step 1:*
Write in participant's response (in language):_____ SWE55a
If applicable, write in translation of participant's response:_____ SWE55b

**Staff Administrator Step 2:*
Select one of the following that best fits the participant's response: SWE55

1☐ Male/Boy
2☐ Female/Girl
3☐ Intersex (they were unsure about my sex at birth)
4☐ I am not sure about my sex assigned at birth
5☐ My assigned sex at birth (please specify):_____SWE55c
6☐ I do not wish to answer this question

Gender identity is how individuals perceive themselves and what they call themselves, whether male, female, a blend of both or neither. A person's gender identity can be the same or different from their sex assigned at birth.

56. When it comes to my gender identity, I think of myself as….

Staff-Administered:
**Staff Administrator Step 1:*
Write in the participant's response (in language):_____ SWE56a
If applicable, write in translation of the participant's response:_____ SWE56b

**Staff Administrator Step 2:*
Check all of the following that best fit the participant's response: SWE56

1☐ Man/Male
2☐ Woman/Female
3☐ Transgender/Trans
4☐ Trans man/Trans male
5☐ Trans woman/Trans female
6☐ Genderqueer/Gender non-conforming
7☐ Non-binary (not exclusively male or female)
8☐ Two Spirit
9☐ Intersex (between male and female)
10☐ I am not sure about my gender identity
11☐ I do not have a gender/ gender identity
12☐ My gender identity is (please specify):_____SWE56c
13☐ I do not wish to answer this question

Sexual orientation is different from gender identity and is about whom you're attracted to and want to have romantic relationships with. Examples of sexual orientation are gay, lesbian, bisexual, asexual, and heterosexual. Some people are straight and are attracted to people of another gender. Other people are gay or lesbian and are attracted to people of the same gender.

57. What is your sexual orientation?

Staff-Administered:
**Staff Administrator Step 1:*
Write in the participant's response (in language):_____ SWE57a
If applicable, write in translation of the participant's response:_____ SWE57b

**Staff Administrator Step 2:*
Check all of the following that best fit the participant's response. SWE57

1☐ Straight/heterosexual
2☐ Gay
3☐ Lesbian
4☐ Bisexual
5☐ Queer
6☐ Pansexual/Non-monosexual (I am attracted to all genders)
7☐ Asexual (I am not attracted to anyone sexually)
8☐ I am not attracted to anyone romantically
9☐ I am not sure who I am attracted to sexually
10☐ I am not sure who I am attracted to romantically
11☐ Something else: _____SWE57c
12☐ I do not wish to answer this question

***For Staff Administrators Only:**

58. In your opinion, were any of the above items [about sexual orientation and gender identity] confusing or difficult for the participant to understand? SWE58
0☐ No
1☐ Yes (If yes, which ones? Please specify #'s: _____) SWE58a

59. In your opinion, did any of the above items cause the participant to feel uncomfortable or upset? SWE59
0☐ No
1☐ Yes (If yes, which ones? Please specify #'s: _____) SWE59a

Health Status

60. At present…

	Very Good	Good	Fair	Poor
Would you say your health is Very Good, Good, Fair, or Poor? SWE60	1☐	2☐	3☐	4☐

Racism/Discrimination

61. In your day-to-day life how often have any of the following things happened to you? (Would you say almost a lot of the time, some of the time, or none of the time?) SWE61

	A lot of the time	Some of the time	None of the time
61a. You are treated with less courtesy than other people. SWE61a	1☐	2☐	3☐
61b. People act as if they are afraid of you. SWE61b	1☐	2☐	3☐
61c. You are called names or insulted. SWE61c	1☐	2☐	3☐

62. What do you think was the main reason for this/these experience(s)? Would you say…? (Circle ONE only) SWE62

1☐ Your race or ethnicity
2☐ Your gender
3☐ Your skin color/tone
4☐ Your sexual orientation
5☐ Your language or accent
6☐ Your religion
7☐ Your immigration status
8☐ Other (Please specify)_____ SWE62a
77☐ Don't know
88☐ Refused

ADULT VERSION (18+)

PRE

Lo lus Culture nws txhais tau ntau yam rau ntau cov tib neeg tabsis nws kuj yog tej yam uas ib pawg neeg lawv sib koom ua dabtsi tej. Rau ib co neeg nws kuj yog hais rau tej yam uas sawv daws khaws tseg cia thiab ua ib tiam dhau ib tiam. Rau ib co, nws kuj yog tej yam uas lawv sawv daws muaj thiab nws yog lawv txoj kev ua lawv lub neej. Nws hais txog rau tej kev ntseeg, tej yam coj saib muaj nqe thiab tus cwj pwm coj, yam qhia tias koj yog leej twg, thiab keeb kwm zoo ib yam thiab kev ua tswv cuab nyob rau hauv ib pawg neeg. Cov lus nug tom ntej no yuav nug txog koj qhov culture.

Tamsim no….	**Pom Zoo**	**Kuv nyob Nruab Nrab**	**Tsis Pom Zoo**
1. Koj txoj kev cai coj thiab ntseeg los yog koj qhov culture ntawd nws yog ib qho txhawb koj lub dag zog. SWE1	1	2	3
2. Koj txoj kev cai coj thiab ntseeg los yog koj qhov culture nws tseem ceeb rau koj. SWE2	1	2	3
3. Koj txoj kev cai coj thiab ntseeg los yog koj qhov culture nws pab koj los mus mloog tau zoo tias koj yog leej twg. SWE3	1	2	3
4. Koj mloog tau koj tus kheej khi mus rau tej kev cai dab qhuas coj (spiritual/religious traditions) ntawm txoj kev cai coj thiab ntseeg los yog koj qhov culture nws pab koj los mus mloog tau zoo tias koj yog leej twg. SWE4	1	2	3

Cov lus qhia: Cov lus nug tom ntej no yuav nug seb lub hli tag los no koj mloog tau koj tus kheej nyob zoo li cas. Lub hli tag los no, kab tias nws muaj npaum cas uas koj mloog tau tias koj tus kheej zoo li no?

	Muaj tag mus li	**Muaj tej chim xwb**	**Tsis muaj kiag li**
5. …yus tus kheej nyob tau khov kho txuas nrog rau yus cov tib neeg tej kev ntseeg/kev cai los yog qhov culture? SWE5	1	2	3
6. …yus tus kheej txoj kev xav, lub cev, cov ntsuj thiab plig nyob tau tus yees? SWE6	1	2	3
7. …raug saib muaj nqe meme (marginalized) los yog tsis raug nav thwm (excluded) ntawm haiv tib neeg los yog lub society (Zoo li tias raug ua kom tus kheej mloog tsis tseem ceeb, los yog zoo li koj txoj kev xav, kev mloog, thiab lub tswv yim tsis muaj nqe li? SWE7	1	2	3

8. ….yus tus kheej raug mus nyob yus ib leeg (isolated) thiab raug cais tawm ntawm haiv neeg (alienated) los yog lub society (zoo li, yus mloog yus nyob yus ib tug kheej xwb, raug tshem tawm, los txiav tu ntawm lub ntiaj teb deb tshaj ntawm koj tsev neeg, lub tsev kawm ntawv, thiab cov phooj ywg lawm.) SWE8	1	2	3

9. Tamsim no koj puas muaj daim ntawv mus kho mob? (Xaiv ib qho) SWE9

☐ 1-**Muaj (MUS RAU Q10)** ☐ 0-**Tsis Muaj (Mus rau Q11)** ☐ 77-**Tsis kam teb (Mus rau Q11)** ☐ 88-**Tsis paub (Mus rau Q11)**

→ 9a. Lub xyoo tag los no, koj puas muaj daim ntawv mus kho mob (health insurance coverage)? SWE9a

☐ 1-Muaj ☐ 0-Tsis Muaj ☐ 77-Tsis kam teb ☐ 88-Tsis Paub

	Them	**Tsis Them**	**Tsis Kam Teb**	**Tsis Paub**
10. Koj daim ntawv kho mob puas them nyiaj los kho cov teeb meem es los ntawm kev nyuaj siab (mental health), xws li qhov mus cuag ib tus kws kho mob es pab kev nyuaj siab li tus psychologist, los yog tus psychiatrist? SWE10	1	0	77	88
	Noj	**Tsis Noj**	**Tsis Kam Teb**	**Tsis Paub**
11. Lub xyoo tag los no, koj puas tau noj ib qho tshuaj noj muab los ntawm tus kws kho mob, xws li tshuaj noj kom tsis nyuaj siab los yog kom tsis txhob txhawj txhawj, li yuav luag txhua hnub tau li 2 lub asthiv los ntev tshaj, rau txoj kev npau taws (emotional) los yog teeb meem ntawm tus kheej li? SWE11	1	0	77	88

	Muaj	**Tsis Muaj**	**Tsis Kam Teb**	**Tsis Paub**	**Tsis Raug Rau Kuv**

12. Vim cov teeb meem koj muaj nrog rau txoj kev nyuaj siab, kev npau taws, kev txhawj los yog kev siv dej caw thiab yeeb tshuaj, puas muaj ib zaug twg kiag li ntawm lub xyoo tag los no uas <u>koj XAV TAU TIAS KOJ YUAV</u> <u>TSUM TAU MUS NTSIB</u> *<u>(Make sure you emphasis this</u> <u>point versus the next question that says they went)</u>*... SWE12					
a. Ib tug neeg txawj ntse paub tab pab neeg xws li txiv neeb txiv yaig, tus coj rau phab kev ntseeg/tej ntsuj plig tej los yog tus neeg paub txuj ci (advisor). SWE12a	1	0	77	88	99
b. Ib tug neeg txawj ntse paub pab ua haujlwm pab zej zog xws li tus health worker, *promotor*, peer counselor, los yog tus neeg pab tuav ntaub ntawv (case manager) SWE12b	1	0	77	88	99
c. Tus kws kho mob koj niaj zus mus kuaj los yog kws kho mob kuaj mob me (general practitioner) SWE12c	1	0	77	88	99
d. Ib tug neeg txawj ntse paub pab txog ntawm kev nyuaj siab xws li ib tug counselor, therapist, psychologist, psychiatrist los yog social worker. SWE12d	1	0	77	88	99

	Muaj	**Tsis Muaj**	**Tsis Kam Teb**	**Tsis Paub**	**Tsis Raug Rau Kuv**
13. Vim cov teeb meem koj muaj nrog rau txoj kev nyuaj siab, kev npau taws, kev txhawj los yog kev siv dej caw thiab yeeb tshuaj, <u>KOJ PUAS TAU MUS CUAG</u> (los yog ntsib nrog rau) ib tug neeg txawj ntse paub pab neeg li ntawm 12 lub hlis tag los no? SWE13					
a. Ib tug neeg txawj ntse paub tab pab neeg xws li txiv neeb txiv yaig, tus coj rau phab kev ntseeg/tej ntsuj plig tej los yog tus neeg paub txuj ci (advisor). SWE13a	1	0	77	88	99
b. Ib tug neeg txawj ntse paub pab ua haujlwm pab zej zog xws li tus health worker, promotor, peer counselor, los yog tus neeg pab tuav ntaub ntawv (case manager) SWE13b	1	0	77	88	99
c. Tus kws kho mob koj niaj zus mus kuaj los yog kws kho mob kuaj mob me (general practitioner) SWE13c	1	0	77	88	99

d. Ib tug neeg txawj ntse paub pab txog ntawm kev nyuaj siab xws li ib tug counselor, therapist, psychologist, psychiatrist los yog social worker. SWE13d	1	0	77	88	99
Yog MUAJ rau Q13c los yog 13d, **MUS RAU Q14** (tsis yog li ces **MUS RAU Q19)**					

14. Puas yog koj twb mus nrhiav kev pab rau koj txoj kev nyuaj siab los yog npau taws los yog rau ib qho teeb meem ntawm kev haus dej caw los yog yeeb tshuaj tej lawm? *(Khij voj voog rau …)* SWE14	*0- Tsis tau* **MUS RAU Q19**	*1- Mus lawm Kev Nyuaj Siab/Npau Taws Muaj Mob Nkeeg* **MUS RAU Q15**	*2- Mus lawm Teeb meem dej cawv-yeeb tshuaj* **MUS RAU Q15**	*3- Mus lawm ob qho teeb meem nyuaj siab THIAB dejcawv-yeebtshuaj* ***MUS RAU Q15***	*77-Tsis Kam Teb* **MUS RAU Q19**	*88- Tsis Paub* **MUS RAU Q19**
15. Lub xyoo dhau tag los no, koj tau mus cuag Ib tug neeg txawj ntse paub pab txog ntawm kev nyuaj siab (counselor, therapist, psychologist, psychiatrist los yog social worker) hais txog rau cov teeb meem ntawm koj txoj kev nyuaj siab los yog npau taws, dej caw-yeeb tshuaj, los yog ob qho no pes tsawg zaus lawm? _____ zaus lawm. SWE15						

	Tseem Txais	**Tsis Txais**	**Tsis Kam Teb**	**Tsis Paub**
16. Koj puas tseem txais kev pab kho rau cov teeb meem no los ntawm ib tug los yog ob peb tug neeg pab kho (providers) SWE16	1 **MUS RAU Q19**	0 **MUS RAU Q17**	77 **MUS RAU Q19**	88 **MUS RAU Q19**
17. Puas yog koj txais tau tag nrho qhov kev pab kho ntawd lawm? Muab hais, puas yog koj tsum tsis mus kho lawm thaum koj tus counselor, therapist, psychologist los yog social worker hais rau koj tias tsum los tau? SWE17	1 **MUS RAU Q19**	0 **MUS RAU Q18**	77 **MUS RAU Q19**	88 **MUS RAU Q19**

18. Lub **HAUV PAUS NTSIAB LUS** uas koj tsis txais txoj kev pab kho nyuaj siab lawm (treatment), nws yog dabtsi? (Xaiv ib qho) SWE18

☐ 1- Zoo lawm/Tsis xav tau lawm

☐ 2-Tsis Zoo Li
☐ 3- Tus kheej mam daws qhov teeb meem
☐ 4-Tau txais kev kho mob tsis zoo los ntawm txoj kev kho mob
☐ 5-Tsis muaj sijhawm/Tsheb thauj mus los
☐ 6-Kim heev
☐ 7- Daim ntawv kho mob tsis kam them
☐ 8-Lwm Yam (Qhia) _____ SWE18a
☐ 77-Tsis pom zoo teb
☐ 88-Tsis Paub

Cov lus qhia: Tom ntej no yog ib co lus tib neeg hais tias vim li cas lawv thiaj li tsis mus nrhiav kev pab ntawm cov neeg txawj ntse hais txog rau lawv txoj kev nyuaj siab. Txawm tias tamsim no koj tabtom txais kev pab rau koj txoj kev nyuaj siab los cov lus hais nram no nws raug rau koj npaum li cas??

	Pom Zoo	**Tsis Pom Zoo**	**Tsis Kam Teb**	**Tsis Paub**
19. Koj twb npaj tau yuav mus los yog twb mus txais tau kev pab los ntawm… SWE19				
a. Ib tug neeg txawj ntse paub tab pab neeg xws li txiv neeb txiv yaig, tus coj rau phab kev ntseeg/tej ntsuj plig tej los yog tus neeg paub txuj ci (advisor). SWE19a	1	0	77	88
b. Ib tug neeg txawj ntse paub pab ua haujlwm pab zej zog xws li tus health worker, promotor, peer counselor, los yog tus neeg pab tuav ntaub ntawv (case manager). SWE19b	1	0	77	88
20. Koj twb tsis paub txog tias muaj cov tib neeg txawj ntse paub tab li no. SWE20	1 MUS RAU Q34	0 MUS RAU Q21	77 MUS RAU Q34	88 MUS RAU Q34
	Pom Zoo	**Tsis Pom Zoo**	**Tsis Kam Teb**	**Tsis Paub**
21. Koj txaj muag tham nrog rau lawv hais txog koj cov teeb meem ntawm koj tus kheej SWE21	1	0	77	88
	Pom Zoo	**Tsis Pom Zoo**	**Tsis Kam Teb**	**Tsis Paub**
22. Koj xav tsam muaj kev ua phem thiab tsam ho tsis muaj tus txais tos koj vim rau qhov koj… SWE22				

a. Hais lus meskas tau tsawg tsawg SWE22a	1	0	77	88
b. Haiv Neeg/Pawg Neeg SWE22b	1	0	77	88
c. hnub nyoog SWE22c	1	0	77	88
d. kev teev hawm kev ntseeg (religious) SWE22d	1	0	77	88
e. yog tus pojniam lossi txivneej (gender identity) SWE22e	1	0	77	88
f. qhov kev uankauj uanraug nrog tus pojniam/txivneej (sexual orientation) SWE22f	1	0	77	88
23. Koj tau txhawj txog tus nqe kho mob ntawd. SWE23	1	0	77	88
24. Koj tsis muaj caij nyoog (vim hais tias haujlwm, tsis muaj neeg zov menyuam, los yog muaj lwm yam npaj tau tseg lawm). SWE24	1	0	77	88
25. Tsis muaj tsheb mus los, los yog qhov kev pab program ntawd nyob deb dhau lawm, los yog caijnyoog qhib tsis haum rau koj mus. SWE25	1	0	77	88
26. Koj tsis xav tias koj xav tau txoj kev pab los ntawm kev sib tham lus (counseling) txog rau tej teeb meem ntawm kev nyuaj siab (mental health) los yog txoj kev pab kho nyuaj siab (treatment) rau lub sijhawm thaum ntawd. SWE26	1	0	77	88
27. Koj xav tias koj yuav daws tau qhov teeb meem ntawm koj tus kheej SWE27	1	0	77	88
28. Koj tsis xav tias qhov kev pab kho nyuaj siab los yog kev mus tham lus (counseling) yuav pab tau koj. SWE28	1	0	77	88
29. Koj tau txhawj txog tsam tias mus txais qhov kev pab kho nyuaj siab (treatment) los yog mus nrog neeg tham lus (counseling) txog rau tej teeb meem ntawm kev nyuaj siab (mental health) yuav ua rau cov neeg paub koj los yog lub zej zog muaj kev xav tsis zoo rau koj. SWE29	1	0	77	88
30. Koj tau txhawj txog tsam tias mus txais qhov kev pab kho nyuaj siab (treatment) los yog mus nrog neeg tham lus (counseling) txog tej teeb meem ntawm kev nyuaj siab (mental health) yuav muaj ib qho raug tsis zoo los rau koj txoj haujlwm. SWE30	1	0	77	88

31. Koj tau txhawj txog tsam tias cov ntaub ntawv los cov lus koj hais rau tus counselor yuav tsis muaj qhov ceev tseg cia zoo (confidential). SWE31	1	0	77	88
32. Koj tau txhawj txog tsam tias koj yuav raug mus pw nyob rau tim ib lub tsev kho mob nyuaj siab. SWE32	1	0	77	88
33. Koj tau txhawj txog tsam tias koj yuav tau noj tshuaj. SWE33	1	0	77	88

Cov lus qhia: Cov lus nug tom ntej no yuav hais txog qhov kom mloog tau koj tus kheej li cas ntawm lub hli dhau tag los no. Nws yog muaj npaum li cas uas lub hli dhau tag los no es koj tau mloog koj tus kheej.

	Muaj Tag Mus Li	**Tej Chim Muaj Li**	**Tsis Muaj Ib Zaug Li**
34. …txhawj txhawj? SWE34	1	2	3
35. …tag kev cia siab? SWE35	1	2	3
36. … yuav tau ua dabtsi xwb los yog nyob tsis tau tus li (fidgety)? SWE36	1	2	3
37. … tu siab heev tsis muaj dabtsi ua tau rau koj kaj siab tuaj li? SWE37	1	2	3
38. …tias txhua yam yav tag mas yuav tau siv dag zog? SWE38	1	2	3
39. … saib tus kheej tsis muaj nqe li lawm? SWE39	1	2	3

40. Cov lus nug saum no feem ntau yog piav qhia txog cov kev nyuaj siab los yog kev npau taws es tau muaj (experiences). Nqis lus nug Q34-Q39 hais raug rau koj npaum li cas? (Khij ib qho) SWE40

☐ 1-**Ntau Heev** ☐ 2-**Me Ntsis** ☐ 3-**Tsis Muaj Kiag Li**

TAMSIM NO, xav txog rau ib lub hli, nyob rau ntawm lub xyoo dhau tag los no, thaum uas koj npau taws tshaj plaws li. Koj qhov kev npau taws ntawd nws los mus cuam tshuam ntau heev, me ntsis, los yog yeej tsis cuam tshuam kiag li nrog rau koj….

	Ntau Heev	**Me Ntsis**	**Tsis Cuam Tshuam Kiag Li**	**Tsis Kam Teb**	**Tsis Paub**

41. …txoj kev ua haujlwm los yog mus kawm ntawv? SWE41	1	2	3	77	88
Khij qhov no yog tias tsis ua haujlwm los yog tsis kawm ntawv rau lub xyoo dhau tag los no 0 ☐ SWE41					
42. …kev los tu vajtsev? SWE42	1	2	3	77	88
43. …kev ncig mus saib tham nrog tib neeg? SWE43	1	2	3	77	88
44. …kev ua phooj ywg nrog rau cov phooj ywg thiab tsev neeg? SWE44	1	2	3	77	88

45. Cov lus nug saum no feem ntau yog piav qhia txog cov kev nyuaj siab los yog kev npau taws es tau muaj (experiences). Nqis lus nug Q41-Q44 hais raug rau koj npaum li cas? (Khij ib qho)

☐ 1-**Ntau Heev** ☐ 2-**Me Ntsis** ☐ 3-**Tsis Muaj Kiag Li**

46. Koj muaj hnub nyoog li cas? SWE46

☐ 1- nruab nrab 18 thiab 29 xyoos
☐ 2- nruab nrab 30 thiab 39 xyoos
☐ 3- nruab nrab 40 thiab 44 xyoos
☐ 4- nruab nrab 45 thiab 49 xyoos
☐ 5- nruab nrab 50 thiab 64 xyoos
☐ 6- 65 xyoos los yog tshaj lawm

47. *Koj yog haiv neeg twg thiab xeebtxawm pawg neeg twg los?* (DAIM 1) SWE47

Koj yog haiv neeg twg thiab xeeb txawm pawg neeg twg? ***Xav ib haiv neeg thiab qhia koj yog pawg neeg twg los xwb.***

☐ 1- Neeg Meskas Indian los yog Neeg Xeeb Txawm nyob Alaska
☐ 2- Neeg Dub los Neeg Meskas Dub: Thov qhia koj pawg neeg koj xeeb txawm los:_____
☐ 3- Neeg Mev, los yog Hais Lus Mev: Thov qhia koj pawg neeg koj xeeb txawm los:_____
☐ 4- Neeg Esxias: Thov qhia koj pawg neeg koj xeeb Txawm los:_____ SWE47a
☐ 5- Neeg Xeeb Txawm Nyob Hawaii los Lwm Cov Pacific Islander: Thov qhia koj pawg neeg koj xeeb txawm los:_____
☐ 6- Neeg Dawb: Thov qhia koj pawg neeg koj xeeb txawm los: _____
☐ 7- Lwm Haiv Neeg: Thov qhia koj haiv neeg thiab pawg neeg xeeb txawm los: _____
☐ 8- Ob-Peb Haiv Neeg Ua Ke: Thov piav koj pawg neeg xeeb txawm los:_____
☐ 77- Tsis Kam Teb
☐ 88- Tsis Paub

48. Koj hais lus Meskas tau zoo npaum cas? SWE48

☐ 1- Npliag Heev

☐ 2- Hais tau tsis tshua npliag; hais tau rau lwm tus totaub kuv tabsis hais tsis tau zoo heev
☐ 3- Hais tsis tau zoo; paub ntau lo lus thiab tej soblus tabsis txuas tsis tau lus
☐ 4- Paub lo puav lus, tabsis muab los hais tsis tau ua ib sob lus
☐ 5- Tsis paub kiag li

49. Hom lus twg yog hom koj nyiam hais dua? _____ SWE49

50. Puas yog koj yug rau: SWE50
☐ 1- Hauv teb chaw Meskas
☐ 2- Tsis yog rau hauv tebchaw Meskas
☐ 77- Tsis kam teb
☐ 88- Tsis Paub

51. Koj tus zauv xa ntawv (zip code) yog li cas? SWE51 _ _ _
☐ 0- Tsis muaj tsev nyob ruaj/tsis muaj tus zauv xa ntawv
☐ 77- Tsis Kam Teb
☐ 88- Tsis Paub

52. Puas muaj ib zaug twg kiag li uas koj tau mus nyob rau ib thaj chaw rau cov neeg thojnam tawgrog (refugees) los yog neeg poob teb poob chaw los yog tau mus nyob rau ib lub tsev ICE (tsev ua kaw neeg tuaj rau teb chaw tsis raws kev raws cai) li? SWE52
☐ 99- Tsis raug rau kuv
☐ 1- Muaj
☐ 0- Tsis Muaj
☐ 77- Tsis Kam Teb
☐ 88- Tsis Paub

53. Koj nyob tau pes tsawg lub xyoo rau teb chaws Meskas no lawm? [*Yog tsawg tshaj ib lub xyoo, sau 1 xyoo*] SWE53

Tsawg xyoo_____ ☐ 99- Tsis raug rau kuv

54. Ua tsaug koj siv sijhawm los mus teb cov lus nug no. Peb xav rov hais qhia koj tias koj cov lus teb peb yuav ceev kom zoo tsis pub lwm tus paub (confidential). Peb xav nug ib lo lus nug ntxiv. Puas muaj ib lo lus nug tag los no uas rau koj chim los yog ua rau koj tsis xav teb kiag li? SWE54

☐ 0- Tsis muaj
☐ 1- Muaj (yog muaj, lo twg? Thov hais qhia # twg: _____ SWE54a

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Cov lus qhia txog qhov tias Yog tus pojniam los txiv neej: Peb cov lus li "male (txiv neej)" los yog "female (poj niam)" los "trans (poj niam txiv neej sib hloov)" nws yog ib txoj kev los mus qhia txog seb tus neeg ntawd nws yog tus pojniam los txiv neej. Peb nkag siab zoo tias tib neeg lawv siv ntau txoj kev los mus qhia txog lawv tus kheej-ib co lawv xav si tej lo lu li "Genderfluid,

Agender, Enby, Androgynous, etc." Kom pab peb paub txoj koj tus kheej tiag tiag, thov qhia peb seb lo lus twg koj tus kheej xav kom peb siv los mus qhia txog seb koj yog tus poj niam los txiv neej. Yuav tsis muaj ib lo lus teb tias yog los tsis yog rau cov lus nug no. Thov ua siab ncaj es teb li koj xav thiab mloog tau tias koj yog leej twg tiag tiag.

55. Thaum kuv yug los kuv yog……

**Staff Administrator Step 1:*
Sau tus neeg teb qhov lus teb (Hmoob)_____ SWE55a
Yog tau sau qhov lus txhais ntawm tus neeg teb (English)_____ SWE55b

**Staff Administrator Step 2:* Select <u>one</u> of the following that best fits the participant's response: SWE55

☐ 1-Male/Boy
☐ 2-Female/Girl
☐ 3-Intersex (they were unsure about my sex at birth)
☐ 4-I am not sure about my sex assigned at birth
☐ 5-My assigned sex at birth (please specify):_____SWE55c
☐ 6-I do not wish to answer this question

56. Thaum hais txog rau kuv qhov tias kuv yog tus pojniam los tus txiv neej (gender identity), kuv xav rau kuv tus kheej tias kuv yog: Xaiv tag nrho yam uas hais raug koj.

**Staff Administrator Step 1:*
Sau tus neeg teb qhov lus teb (Hmoob)_____ SWE56a
Yog tau sau qhov lus txhais ntawm tus neeg teb (English)_____ SWE56b

**Staff Administrator Step 2:* Check <u>all</u> of the following that best fit the participant's response: SWE56

☐ 1-Man/Male
☐ 2-Woman/Female
☐ 3-Transgender/Trans
☐ 4-Trans man/Trans male
☐ 5-Trans woman/Trans female
☐ 6-Genderqueer/Gender non-conforming
☐ 13-I do not wish to answer this question
☐ 7-Non-binary (not exclusively male or female)
☐ 8-Two Spirit
☐ 9-Intersex (between male and female)
☐ 10-I am not sure about my gender identity
☐ 11-I do not have a gender/ gender identity
☐ 12-My gender identity is (please specify):_____SWE56c

Cov lus qhia txog ntawm qhov Sexual Orientation (Kev Nyiam/Qaug rau tus pojniam lost xiv neeg twg). Txhua tus tib neeg nws muaj qhov uas nws mloog tau tias nws yog tus pojniam los yog tus txiv neej thiab nws raug ntxim nyiam (attracted) rau tus pojniam los tus txiv neej (sexual orientation). Piv txwv li, ib tug pojniam coj ncaj qhas (straight) mas nws raug ntxim nyiam (attracted) los ntawm cov txiv neej thiab nws xav tawm mus ua si los yog xav ua kev nkauj nraug nrog rau cov txiv neej. Lwm cov tib neeg mas lawv yog gay (txiv neej nyiam txiv neej) los yog lesbian (pojniam nyiam pojniam) lawv cov zoo li no mas lawv raug ntxim nyiam (attracted) los ntawm ib tug txiv neej los tus pojniam li lawv tus kheej. Piv txwv li, ib tug gay (txiv neej nyiam txiv neej) mas nws raug ntxim nyiam rau lwm cov txiv neej thiab nyiam tawm mus ua si los yog ua kev nkauj nraug nrog rau lwm cov txiv neej. Txawm li los tseem muaj lwm cov tib neeg es lawv yog bisexual es lawv nyiam qaug rau tus pojniam thiab txiv neej ib yam nkaus. Muaj ib co tib neeg mas lawv nyiam qaug rau txhua hom pojniam los txiv neej ntxiv nrog rau cov uas qhia tsis tau tias yog tus "txiv neej los yog tus pojniam". Ib co tib neeg lawv tsis paub xyhov lawv ho muaj raug ntxim nyiam rau leej twg los yog tsis muaj raug ntxim nyiam rau leej twg li. Kom paub tseeb, tus koj "nyiam" thiab muaj kev raug ntxim nyiam rau yog hais tias "sexual orientation." Koj qhov sexual orientation nws yog li cas?

57. Koj qhov sexual orientation yog li cas? Xaiv tag nrho yam uas hais raug koj.

**Staff Administrator Step 1:*
Sau tus neeg teb qhov lus teb (Hmoob)_____ SWE57a
Yog tau sau qhov lus txhais ntawm tus neeg teb (English)_____ SWE57b

**Staff Administrator Step 2:* Check all of the following that best fit the participant's response: SWE57

☐ 1-Straight/heterosexual
☐ 2-Gay
☐ 3-Lesbian
☐ 4-Bisexual
☐ 5-Queer
☐ 6-Pansexual/Non-monosexual (I am attracted to all genders)
☐ 7-Asexual (I am not attracted to anyone sexually)
☐ 8-I am not attracted to anyone romantically
☐ 9-I am not sure who I am attracted to sexually
☐ 10-I am not sure who I am attracted to romantically
☐ 11-Something else: _____SWE57c
☐ 12-I do not wish to answer this question

***For Staff Administrators Only:**

58. In your opinion, were any of the above items confusing or difficult for the participant to understand? SWE58
☐ 0- No
☐ 1- Yes (If yes, which ones? Please specify #'s: _____) SWE58a

59. In your opinion, did any of the above items cause the participant to feel uncomfortable or upset? SWE59
☐ 0- No
☐ 1- Yes (If yes, which ones? Please specify #'s: _____) SWE59a

Rather than asking participants if they didn't understand or were uncomfortable with the questions, the API population thought it might be best to have staff who are present record their observations about participant reactions.

KEV NYABXEEB NYOB LI CAS

60. Rau tamsim no….

	Zoo Heev	**Zoo**	**Zoo Me Me**	**Tsis Zoo Li**
Koj hais tias koj txoj kev nyab xeeb nws Zoo Heev, Zoo, Zoo Me Me, Tsis Zoo? SWE60	1	2	3	4

Kev Ntxubntxaug/Kev Raug Tsis Nyiam

61. Raws li ntawm koj nyob ib hnub dhau ib hnub nws muaj pes tsawg zaus uas muaj tej no tshwm sim raug rau koj? (Koj hais yuav yog yuav luag txhua hnub, tsawg kawg li 1 zaug ib asthiv, ob peb zaug ib lub hli twg, ob peb zaug ib xyoo twg, tsawg dua ib zaug ntawm ib xyoo twg, yeej tsis tau muaj kiag li? SWE61

1-Yuav luag txhua zaug **2-Ob peb zaug xwb** **3-Tsis muaj li**

61a. Koj tsis tau txais kev ua zoo (courteous) dua li lwm cov tib neeg. SWE61a	1	2	3
61b. Tib neeg coj tau yam li lawv ntshai koj. SWE61b	1	2	3
61c. Koj tau raug hu npe tsis zoo los yog cem phem (insulted). SWE61c	1	2	3

62. Koj xav hais tias lub keeb hauv paus uas koj tau raug muaj li no, koj hais puas yog…? (Thov khij ib qho) SWE62

- ☐ 1-Raws li koj haiv neeg los yog hom neeg
- ☐ 2-Raws li ntawm qhov koj yog tus pojniam los tus txiv neej
- ☐ 3-Koj daim tawv nqaij
- ☐ 4-Qhov koj kev nyiam qaug rau tus pojniam los txiv
- ☐ 5-Koj hom lus losyog lub suab
- ☐ 6-Koj kev teev hawm
- ☐ 7-Muaj los tsis muaj ntaub ntawv nyob meskas
- ☐ 8-Lwm yam (Thov qhia)_____ SWE 62a
- ☐ 77- Tsis Kam Teb
- ☐ 88-Tsis Paub

SWE Core PRE
Participants' Response Sheet

Participant: _____ **ID:**_____

Date: _____ **Site/Location:**_____

Q1: SWE1

2-Agree 3-I am Neutral 4-Disagree

Q2. SWE2

2-Agree 3-I am Neutral 4-Disagree

Q3. SWE3

2-Agree 3-I am Neutral 4-Disagree

Q4. SWE4

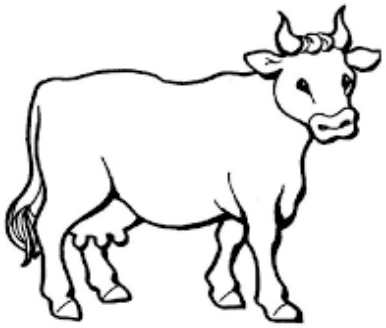
  

2-Agree 3-I am Neutral 4-Disagree

Q5. SWE5

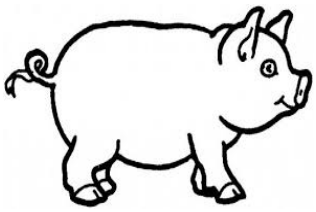
1-Muaj tas musli

1-All of the time



2-Muaj tejchim xwb

3-Some of the time

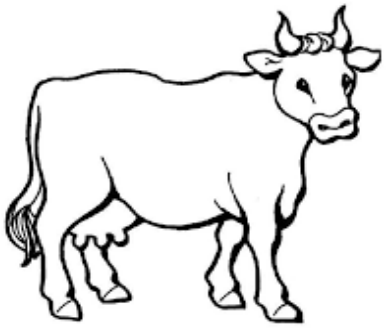


3-Tsis muaj kiagli

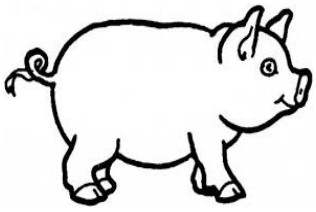
5- None of the time

Q6. SWE6

1-Muaj tas musli
1-All of the time



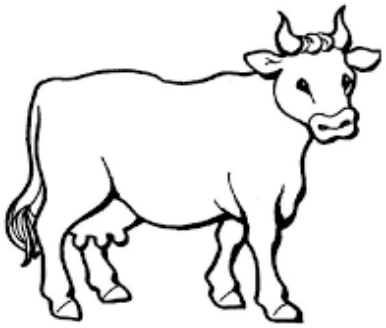
2-Muaj tejchim xwb
3-Some of the time



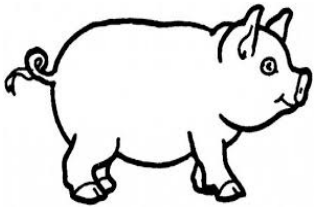
3-Tsis muaj kiagli
5- None of the time

Q7. SWE7

1-Muaj tas musli
1-All of the time



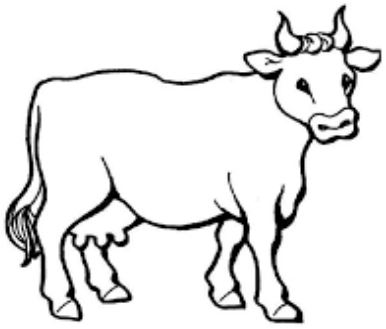
2-Muaj tejchim xwb
3-Some of the time



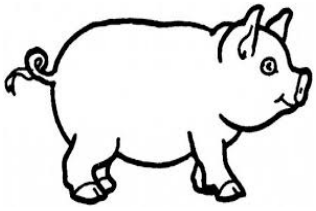
3-Tsis muaj kiagli
5- None of the time

Q8. SWE8

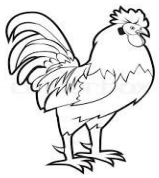
1-Muaj tas musli
1-All of the time



2-Muaj tejchim xwb
3-Some of the time



3-Tsis muaj kiagli
5- None of the time



Q9. SWE9

1-Yes (to Q10) 0-No (to 9a and Q11)

Q9a. SWE9a

1-Yes 0-No

Q10. SWE10

1-Yes 0-No

Q11. SWE11

1-Yes 0-No

Q12. SWE12

1-Yes 0-No 99-NA

1-Yes 0-No 99-NA

1-Yes 0-No 99-NA

1-Yes 0-No 99-NA

Q13. SWE13

1-Yes 0-No 99-NA

1-Yes 0-No 99-NA

1-Yes 0-No 99-NA


1-Yes 0-No 99-NA

Yog MUAJ rau Q13c los yog Q13d, MUS RAU Q14 (yog tsis muaj ces MUS RAU Q19)
If yes for Q13c or Q13d, GO TO Q14 (otherwise go to Q19)

Q14. SWE14

0-Tsis tau 0-No  **Mus rau Q19** Go to Q19	1-Mus lawm, Kev nyuaj siab/Npau taws, muaj mob nkeeg Yes – Mental/ Emotional Problem  **Mus rau Q15** Go to Q15	2-Mus lawm, teeb meem dejcawv-yeebtshuaj Yes – Alcohol/ Drug problem  **Mus rau Q15** Go to Q15	3-Mus lawm Ob qho teeb meem nyuaj siab THIAB dejcawv-yeebtshuaj Yes – Both Mental AND Alcohol Drug Problem  **Mus rau Q15** Go to Q15

Q15. SWE15
_____ zaus lawm
(# of visits)

Q16. SWE16


1-Yes
Mus rau Q19
Go to Q19

0-No
Mus rau Q17
Go to Q17

Q17. SWE17


1-Yes
Mus rau Q19
Go to Q19

0-No
Mus rau Q18
Go to Q18

Q18. SWE18 **(Thov khij ib qho)**

(Please check one)

1- Zoo lawm/Tsis xav tau lawm

1-Got better/No longer needed

2- Tsis zoo li

2-Not getting better

3- Tus kheej mam daws qhov teeb meem

3-Wanted to handle the problem on my own

4- Tau txias kev kho mob tsis zoo los ntawm txoj kev kho mob

4-Had bad experiences with treatment

5- Tsis muaj sijhawm/Tsheb thauj mus los

5-Lack of time/transportation

6- Kim Heev

6-Too expensive

7- Daim ntawv kho mob tsis kam them

7-Insurance does not cover

8- Lwm yam (qhia)_____

8-Other (specify)

SWE18a

8-Other (specify)

Q19. SWE19 (2 point scale here but 4 point scale in English version THROUGH 33)

1-Agree

0-Disagree

1-Agree

0-Disagree

Q20. SWE20

1-Agree

Mus rau Q34

Go to Q19

0-Disagree

Mus rau Q21

Go to Q21

Q21. SWE21

1-Agree

0-Disagree

Q22. SWE22

1-Agree

0-Disagree

1-Agree

0-Disagree

1-Agree

0-Disagree

1-Agree

0-Disagree

1-Agree

0-Disagree

1-Agree

0-Disagree

Q23. SWE23

1-Agree

0-Disagree

Q24. SWE24

1-Agree

0-Disagree

Q25. SWE25

1-Agree

0-Disagree

Q26. SWE26

1-Agree 0-Disagree

Q27. SWE27

1-Agree 0-Disagree

Q28. SWE28

Q29. SWE29

Q30. SWE30

Q31. SWE31

1-Agree 0-Disagree

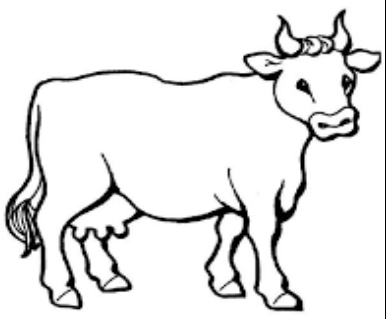
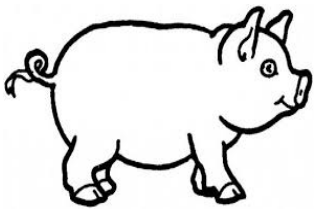
Q32. SWE32

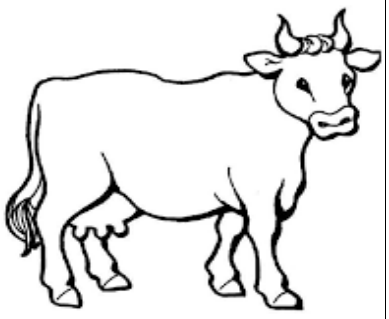
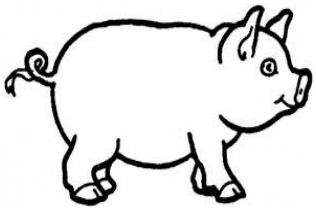
1-Agree 0-Disagree

Q33. SWE33

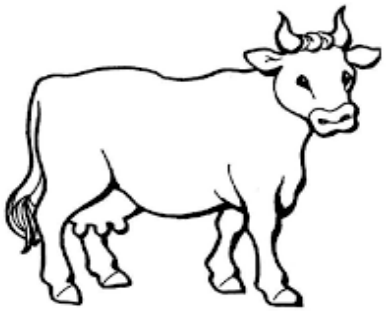
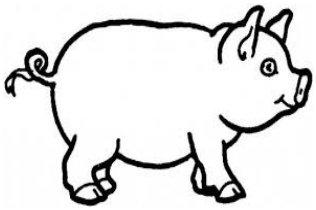
Q34. SWE34

1-Muaj tag mus li 1-All of the time	2-Tej chim muaj li 3-Some of the time	3-Tsis muaj li 5-None of the time
		

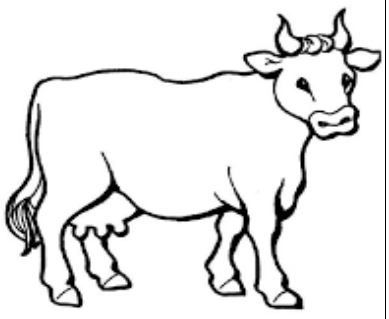
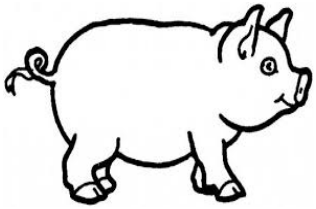
Q35. SWE35

1-Muaj tag mus li 1-All of the time	2-Tej chim muaj li 3-Some of the time	3-Tsis muaj li 5-None of the time
		

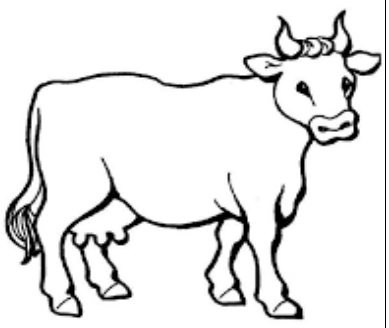
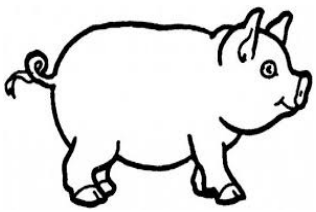
Q36. SWE36

1-Muaj tag mus li 1-All of the time	2-Tej chim muaj li 3-Some of the time	3-Tsis muaj li 5-None of the time
		

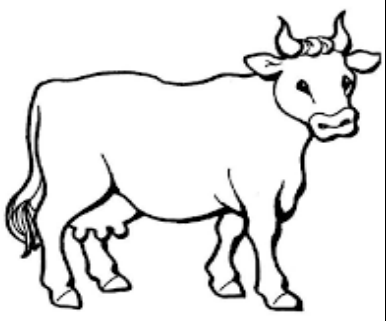
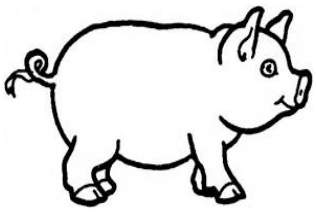
Q37. SWE37

1-Muaj tag mus li 1-All of the time	2-Tej chim muaj li 3-Some of the time	3-Tsis muaj li 5-None of the time
		

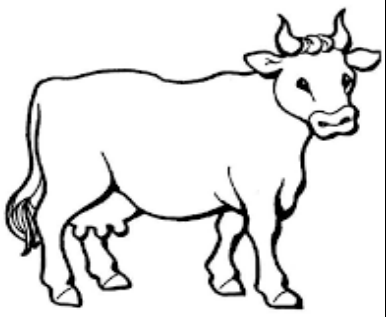
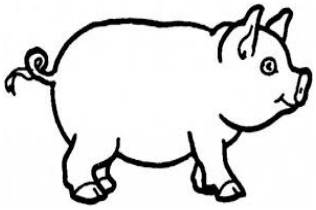
Q38. SWE38

1-Muaj tag mus li 1-All of the time	2-Tej chim muaj li 3-Some of the time	3-Tsis muaj li 5-None of the time
		

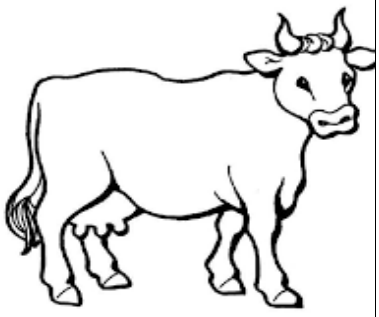
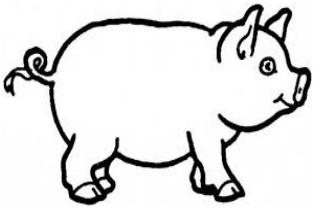
Q39. SWE39

1-Muaj tag mus li 1-All of the time	2-Tej chim muaj li 3-Some of the time	3-Tsis muaj li 5-None of the time
		

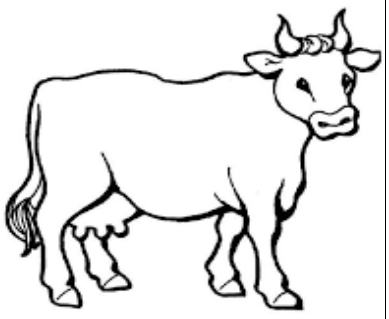
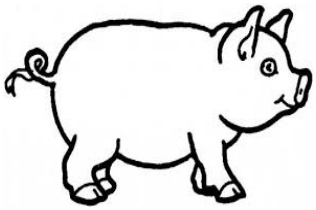
Q40. SWE40

1-Ntau Heev 1-A lot	2-Me Ntsis 2-Somewhat	3-Tsis Muaj Kiag Li 3-Not all
		

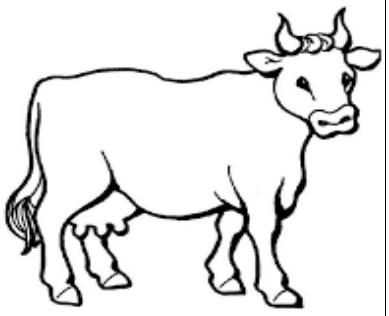
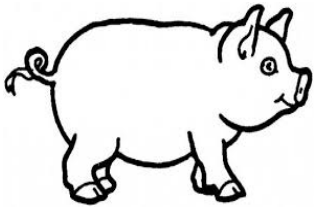
Q41. **0** ☐ SWE41

1-Ntau Heev 1-A lot	2-Me Ntsis 2-Some	3-Tsis Muaj Kiag Li 3-Not at all
		

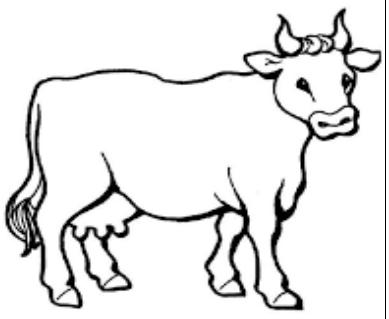
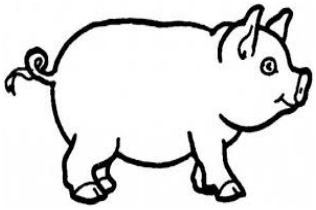
Q42. SWE42

1-Ntau Heev 1-A lot	2-Me Ntsis 2-Some	3-Tsis Muaj Kiag Li 3-Not at all
		

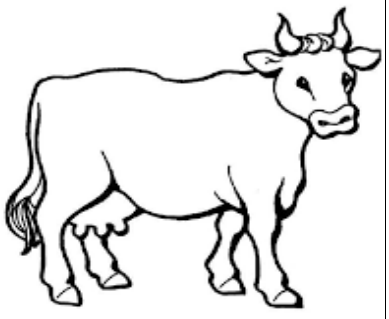
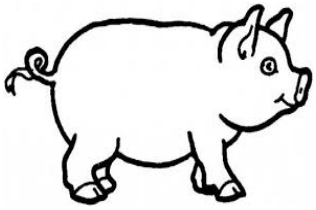
Q43. SWE43

1-Ntau Heev 1-A lot	2-Me Ntsis 2-Some	3-Tsis Muaj Kiag Li 3-Not at all
		

Q44. SWE44

1-Ntau Heev 1-A lot	2-Me Ntsis 2-Some	3-Tsis Muaj Kiag Li 3-Not at all
		

Q45. SWE45

1-Ntau Heev 1-A lot	2-Me Ntsis 2-Somewhat	3-Tsis Muaj Kiag Li 3-Not at all
		

Q46. SWE46

☐ 1- nruab nrab ntawm 18 thiab 29
between 18 and 29

☐ 2- nruab nrab ntawm 30 thiab 39
between 30 and 39

☐ 3- nruab nrab ntawm 40 thiab 44
between 40 and 44

☐ 4- nruab nrab ntawm 45 thiab 49
between 45 and 49

☐ 5- nruab nrab ntawm 50 thiab 64
between 50 and 64

☐ 6- 65 los yog laus dua
65 or older

Q47. SWE47

☐ 4-Neeg Dub hau/Neeg Esxias
/Asian

Thov qhia pawg neeg koj xeeb txawm los: _____ SWE47a
Please tell the group that you came from:

Q48. SWE48

1-Npliag heev
Fluently

2- Hais tau tsis tshua npliag; hais tau rau lwm tus totaub kuv tabsis hais tsis tau zoo heev
Somewhat fluently; can make myself understood but have some problems with it

3- Hais tsis tau zoo; paub ntau lo lus thiab tej sob lus tabsis txuas tsis tau lus
Not very well; know a lot of words and phrases but have difficulties communicating

4- Paub qho lo lus, tabsis muab los hais tsis tau ib sob lus
Know some vocabulary, but can't speak in sentences

5- Tsis paub kiag li
Not at all

Q49.
Hom lus _____ SWE49
(write in preferred language)

Q50. SWE50

1-Yug nyob rau hauv teb chaw meskas
Inside the US

2-Tsis yog yug nyob rau hauv lub teb chaw meskas
Outside the US

Q51. SWE51

_____ (zauv xav ntawv)
First three numbers of ZIP

0-Tsis muaj tsev nyob ruaj/tsis muaj tus zauv xav ntawv
Unstable housing/ no ZIP Code

Q52. SWE52

99-Tsis raug rau kuv
NA

1-Muaj
Yes

0-Tsis muaj
No

Q53. SWE53

Tsawg xyoo _____
Number of Years

99-Tsis raug rau kuv
NA

Q54. SWE54

0-Tsis Muaj
No

1-Muaj (Yog muaj, yog lov lus twg? Thov qhia.) _____ SWE54a

If yes, please specify which #(s)

Q55. SWE55

_____ SWE55a – sex at birth write in

Q56. SWE56

_____ SWE56a – gender identity write in

Q57. SWE57

_____ SWE57a – sexual orientation write in

Q58. SWE58 – post SOGI check in, “understand”

0-Tsis Muaj
No

1-Muaj (Yog muaj, yog lov lus twg? Thov qhia.) _____ SWE58a
If yes, please specify which #s

Q59. SWE59 – post SOGI check in, “uncomfortable”

0-Tsis Muaj
No

1-Muaj (Yog muaj, yog lov lus twg? Thov qhia.) _____ SWE59a
If yes, please specify which #s

Q60. SWE: PREADULTOPT1

“Would you say your health is Very Good, Good, Fair, or Poor?

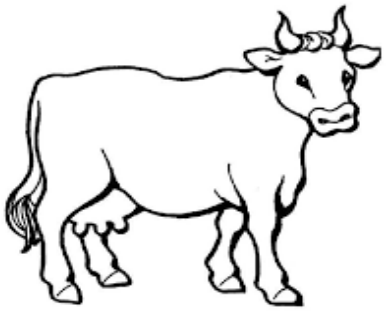
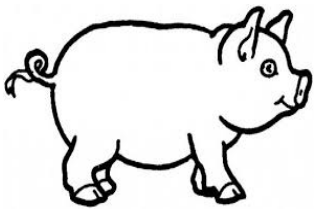
1-Zoo heev 	2-Zoo 	3-Zoo me me 	4-Tsis zoo li 
1- Very Good	2- Good	3- Fair	4 - Poor

Q61. SWE: PREADULTOPT2A?

In your day-to-day life, how often have any of the following things happened to you? (Would you say a lot of the time, some of the time, or none of the time)?

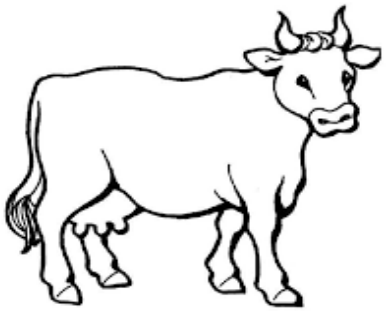
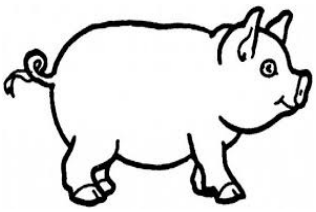
Q61a. SWE61a

You are treated with less than courtesy than other people.

1-Yuav luag txhua zaug 1 – A lot of the time	2-Ob peb zaug xwb 2 – Some of the time	3-Tsis muaj li 3 – None of the time
		

Q61b. SWE61b,

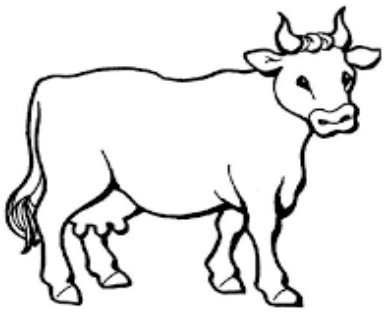
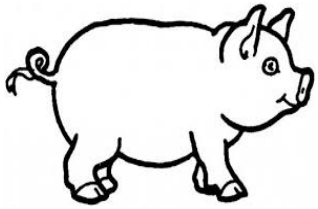
PREADULTOPT2B? People act as if they are afraid of you.

1-Yuav luag txhua zaug 1 – A lot of the time	2-Ob peb zaug xwb 2 – Some of the time	3-Tsis muaj li 3 – None of the time
		

Q61c. SWE61c,

PREADULTOPT2C? You are called names or insulted.

1-Yuav luag txhua zaug 1 – A lot of the time	2-Ob peb zaug xwb 2 – Some of the time	3-Tsis muaj li 3 – None of the time

Q62. (Thov khij ib qho)

SWE62, PREADULTOPT3 What do you think was the main reason for this/these experiences?

1-Raws li koj haiv neeg los yog hom neeg
Your race or ethnicity

2-Raws li ntawm qhov koj yog tus pojniam los tus txivneej
Your Gender

3-Koj daim tawv nqaij
Your skin color or tone

4-Qhov koj nyiam ua kev nkauj nraug yog rau tus pojniam los tus txivneej
Your sexual orientation

5-Koj hom lus losyog lub suab
Your language or accent

6-Koj kev teev hawm
Your religion

7-Muaj los tsis muaj ntaub ntawv nyob Mekas teb
Your immigration status

8-Lwm yam: _____ SWE62a, PREADULTOPT3_OTHER
Other: Write in

ID:

__ __ - __ __ - __ __ __

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ADULT VERSION (18+)

POST

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

At present…	**Agree**	**I am Neutral**	**Disagree**
1. Your culture gives you strength.	☐	☐	☐
2. Your culture is important to you.	☐	☐	☐
3. Your culture helps you to feel good about who you are.	☐	☐	☐
4. You feel connected to the spiritual/religious traditions of the culture you were raised in.	☐	☐	☐

Instructions: The next questions are about how you have been feeling during the past month.

About how often during the past month did you feel…	**All of the time**	**Some of the time**	**None of the time**
5. …connected to your culture?	☐	☐	☐
6. …balanced in mind, body, spirit and soul?	☐	☐	☐
7. …marginalized or excluded from society? (*In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.*)	☐	☐	☐
8. …isolated and alienated from society? (*In other words, feeling alone, separated from, cut off from the world beyond of your family, school, and friends.*)	☐	☐	☐

Instructions: During the past month how often did you feel…

	All of the time	**Some of the time**	**None of the time**
9. … nervous?	☐	☐	☐
10. … hopeless?	☐	☐	☐
11. … restless or fidgety?	☐	☐	☐
12. … so depressed that nothing could cheer you up?	☐	☐	☐
13. … feel that everything was an effort?	☐	☐	☐
14. … worthless?	☐	☐	☐

15. The above items about feeling nervous, hopeless, restless, depressed, and worthless are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q9-Q14) match how you would describe those experiences? (Check one)

☐ **A Lot** ☐ **Somewhat** ☐ **Not At All**

Think about one month in the past year when you were at your worst emotionally.

Did your emotions interfere a lot, some, or not at all with your…	**A Lot**	**Some**	**Not At All**	**Refused**	**Don't Know**
16. …performance at work or school?	☐	☐	☐	☐	☐
Check here if not working or in school during the past 12 months ☐					
17. …household chores?	☐	☐	☐	☐	☐
18. …social life?	☐	☐	☐	☐	☐
19. …relationship with friends and family?	☐	☐	☐	☐	☐

20. The above items about effect of one's feelings on work, school, home, and social relationships are often used to describe how emotions affect people's lives. To what extent do the above questions (Q16-Q19) match how you would describe the negative effect of emotions on your life? (Check one)

☐ **A Lot** ☐ **Somewhat** ☐ **Not At All**

Instructions: Please answer the following questions based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, check the box for Not Applicable to indicate that this item does not apply to you. Please note: the word "service" stands for any program activities or events connected to the program.

	Agree	I am Neutral	Disagree	Not Applicable
21. I like the services that I received here.	☐	☐	☐	☐
22. If I had other choices, I would still get services from this agency.	☐	☐	☐	☐
23. I would recommend this agency to a friend or family member.	☐	☐	☐	☐
24. The location of services was convenient (parking, public transportation, distance, etc.).	☐	☐	☐	☐
25. Staff were willing to see me as often as I felt it was necessary.	☐	☐	☐	☐
26. Services were available at times that were good for me.	☐	☐	☐	☐
27. When I first called or came here, it was easy to talk to the staff.	☐	☐	☐	☐
28. The staff here treat me with respect.	☐	☐	☐	☐
29. The staff here don't think less of me because of the way I talk.	☐	☐	☐	☐
30. The staff here respect my race and/or ethnicity.	☐	☐	☐	☐
31. The staff here respect my religious and/or spiritual beliefs.	☐	☐	☐	☐
32. The staff here respect my gender identity and/or sexual orientation.	☐	☐	☐	☐
33. Staff are willing to be flexible and provide alternative approaches or services to meet my needs.	☐	☐	☐	☐
34. The people who work here respect my cultural beliefs, remedies and healing practices.	☐	☐	☐	☐
35. Staff here understand that people of my racial and/or ethnic group are not all alike.	☐	☐	☐	☐
36. Staff here understand that people of my gender and/or sexual orientation group are not all alike.	☐	☐	☐	☐
37. Staff here understand that people of my religious and spiritual background are not all alike.	☐	☐	☐	☐

As a direct result of my involvement in the program:

	Agree	I am Neutral	Disagree	Not Applicable
38. I deal more effectively with my daily problems.	☐	☐	☐	☐
39. I do better in school and/or work.	☐	☐	☐	☐
40. My symptoms/problems are not bothering me as much.	☐	☐	☐	☐

	Yes	No	Refused	Don't Know
41. Were the services you received here in the language you prefer?	☐	☐	☐	☐
42. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available in the language you prefer?	☐	☐	☐	☐

Health Status

43. At present…

	Very Good	Good	Fair	Poor
Would you say your health is Very Good, Good, Fair, or Poor?	☐	☐	☐	☐

Racism/Discrimination

44. In your day-to-day life how often have any of the following things happened to you? (Would you say almost a lot of the time, some of the time, or none of the time?)

	A lot of the time	Some of the time	None of the time
44a. You are treated with less courtesy than other people.	1☐	2☐	3☐
44b. People act as if they are afraid of you.	1☐	2☐	3☐
44c. You are called names or insulted.	1☐	2☐	3☐

45. What do you think was the main reason for this/these experience(s)? Would you say…? (Circle ONE only)

1☐ Your race or ethnicity
2☐ Your gender
3☐ Your skin color/tone
4☐ Your sexual orientation
5☐ Your language or accent
6☐ Your religion
7☐ Your immigration status
8☐ Other (Please specify)_____
77☐ Don't know
88☐ Refused

ID:

__ __ - __ __ - __ __ __

Priority Pop Code *IPP Code* *CDEP Participant Code*

ADULT VERSION (18+)

POST

Lo lus Culture nws txhais tau ntau yam rau ntau cov tib neeg tabsis nws kuj yog tej yam uas ib pawg neeg lawv sib koom ua dabtsi tej. Rau ib co neeg nws kuj yog hais rau tej yam uas sawv daws khaws tseg cia thiab ua ib tiam dhau ib tiam. Rau ib co, nws kuj yog tej yam uas lawv sawv daws muaj thiab nws yog lawv txoj kev ua lawv lub neej. Nws hais txog rau tej kev ntseeg, tej yam coj saib muaj nqe thiab tus cwj pwm coj, yam qhia tias koj yog leej twg, thiab keeb kwm zoo ib yam thiab kev ua tswv cuab nyob rau hauv ib pawg neeg. Cov lus nug tom ntej no yuav nug txog koj qhov culture.

Tamsim no….	**(2) Yog**	**(3) Kuv Nyob Nruab Nrab**	**(4) Tsis Yog**
1. Koj txoj kev cai coj thiab ntseeg los yog koj qhov culture ntawd nws yog ib qho txhawb koj lub dag zog.	☐	☐	☐
2. Koj txoj kev cai coj thiab ntseeg los yog koj qhov culture nws tseem ceeb rau koj.	☐	☐	☐
3. Koj txoj kev cai coj thiab ntseeg los yog koj qhov culture nws pab koj los mus mloog tau zoo tias koj yog leej twg.	☐	☐	☐
4. Koj mloog koj zoo siab heev rau tej kev cai dab qhuas/kev teev hawm ntawm koj txoj kev coj thiab ntseeg los yog qhov culture uas koj loj hlob rau.	☐	☐	☐

Cov lus qhia: Cov lus nug tom ntej no yuav nug seb nyob rau (6 lub hlis) tag los no koj mloog tau koj tus kheej nyob zoo li cas. (6 lub hlis) tag los no kab tias nws muaj npaum cas uas koj mloog tau tias koj tus kheej zoo li no…

	Muaj tag mus li (1)	**Muaj tej chim xwb (3)**	**Tsis muaj kiag li (5)**
5. …yus tus kheej nyob tau zoo siab heev nrog rau yus cov tib neeg tej kev ntseeg/kev cai los yog qhov culture?	☐	☐	☐
6. …yus tus kheej txoj kev xav, lub cev, cov ntsuj thiab plig nyob tau tus yees?	☐	☐	☐
7. …yus raug saib muaj nqe meme (marginalized) los yog tsis raug nav thwm (excluded) los ntawm haiv neeg zej zog (Zoo li, raug ua kom tsis tseem ceeb, los yog zoo li koj txoj kev xav thiab lub tswv yim tsis muaj nqe li?	☐	☐	☐
8. ….yus raug nyob yus ib leeg xwb (isolated) thiab raug cais tawm los ntawm haiv neeg zej zog (zoo li, yus mloog yus nyob yus ib tug kheej xwb, raug tshem tawm, los txiav tu ntawm lub ntiaj teb no mus kom deb tshaj ntawm koj tsev neeg, lub tsev kawm ntawv, thiab cov phooj ywg lawm.)	☐	☐	☐

Cov lus qhia: Nyob rau (6 lub hlis) dhau tag los no, nws muaj npaum cas uas koj mloog tau koj …

	(1)	**(3)**	**(5)**
9. …txhawj txhawj?	☐	☐	☐
10. …tag kev cia siab?	☐	☐	☐
11. … yuav tau ua dabtsi xwb los yog nyob tsis tau tus li (fidgety)?	☐	☐	☐
12. … tu siab heev tsis muaj dabtsi ua tau rau koj kaj siab tuaj li?	☐	☐	☐

13. …tias txhua yam yav tag mas yuav tau siv dag zog?	☐	☐	☐
14. … saib tus kheej tsis muaj nqe li lawm?	☐	☐	☐

15. Cov lus nug saum no feem ntau yog muab coj los mus piav qhia txog cov kev nyuaj siab los yog kev npau taws es tau muaj (experiences). Cov lus nug saum no (Q9-Q14) nws hais thwj rau koj npaum cas txog qhov koj tham piav es muaj tshwm sim rau koj? (Khij ib qho)

(1) ☐ Ntau Heev	**(2) ☐ Me Ntsis**	**(3) ☐ Tsis Muaj Kiag Li**

Xav txog rau (6 lub hlis) es dhau tag los no [IPP selected time period] thaum uas koj npau taws tshaj plaws li.

Koj qhov kev npau taws ntawd nws los mus cuam tshuam ntau heev, me ntsis, los yog yeej tsis cuam tshuam kiag li nrog rau koj….	**Ntau Heev (1)**	**Me Ntsis (2)**	**Tsis Cuam Tshuam Kiag Li (3)**	**Tsis Kam Teb (555)**	**Tsis Paub (777)**
16. …txoj kev ua haujlwm los yog mus kawm ntawv?	☐	☐	☐	☐	☐
Khij qhov no yog tias tsis ua haujlwm los yog tsis kawm ntawv rau lub xyoo dhau tag los no ☐					
17. …kev los tu vajtsev?	☐	☐	☐	☐	☐
18. …kev ncig mus saib tham nrog tib neeg?	☐	☐	☐	☐	☐
19. …kev ua phooj ywg nrog rau cov phooj ywg thiab tsev neeg?	☐	☐	☐	☐	☐

20. Cov lus nug saum no feem ntau yog tau siv los mus piav qhia txog cov kev npau taws los mus raug tau rau tib neeg lub neej li cas. Cov lus nug saum no ((Q16-Q19) nws hais thwj npaum cas rau koj qhov koj piav txog tej kev npau taws es phem heev los rau koj lub neej? (Khij ib qho)

(1) ☐ Muaj Ntau Heev	**(2) ☐ Muaj Me Ntsis**	**(3) ☐ Tsis Muaj Kiag Li**

Cov lus qhia: Thov teb cov lus nug hauv qab no raws tom qab uas koj tau txais cov kev pab koj ntawd.Teb seb cov lus nug ntawd nws yog muaj tseeb npaum cas rau koj,Yog, Li-Nruab Nrab Xwb, Tsis Yog, los yog Tsis Raug Kuv. Yog tias lo lus twg nug txog tej yam uas koj tsis tau txais los tsis tau muab rau koj, xaiv qhov tias Lus Tsis Raug Kuv. Thov kom paub tias lo lus "service" (kev pab) yog cov kev pab tshwm sim ntawm qhov kev pab los yog lub program ntawd los rau koj.

	Yog (1)	**Xyhov-Nruab Nrab Xwb (3)**	**Tsis Yog (4)**	**Tsis Raug Kuv (777)**
21. Kuv nyiam cov kev pab uas kuv tau txais ntawm no.	☐	☐	☐	☐
22. Txawm tias kuv muaj lwm qhov chaw xaiv mus, los kuv yeej tseem tuaj nrhaiv kev pab ntawm lub koos haum no.	☐	☐	☐	☐
23. Kuv yuav pom zoo qhia lub koos haum no rau ib tug phoojywg los yog kuv ib tug neeg.	☐	☐	☐	☐
24. Qhov chaw ntawm txoj kev pab no nws yooj yim (muaj chaw nre tsheb, muaj tsheb npav khiav los txog rau, nyob tsis deb, li tej ntawd..)	☐	☐	☐	☐
25. Cov neeg ua haujlwm lawv yeej txaus siab los ntsib kuv npaum li kuv xav.	☐	☐	☐	☐
26. Cov kev pab tau muaj nyob rau lub sijhawm zoo rau kuv.	☐	☐	☐	☐
27. Thawj zaug thaum kuv tau hu xov tooj tuaj los yog tau tuaj ntawd, nws yooj yim heev rau kuv los nrog cov neeg ua haujlwm tham.	☐	☐	☐	☐
28. Cov neeg ua haujlwm ntawm no lawv saib kuv muaj nqe.	☐	☐	☐	☐
29. Cov neeg ua haujlwm ntawm no lawv tsis saib kuv qi- qi los ntawm kuv qhov kev hais lus.	**(1)** ☐	**(3)** ☐	**(4)** ☐	**(888)** ☐
30. Cov neeg ua haujlwm ntawm no lawv saib kuv raws li kuv yog neeg Esxias/los yog Hmoob.	☐	☐	☐	☐

31. Cov neeg ua haujlwm ntawm no lawv saib kuv raws li kuv txoj kev ntseeg (religion)/los yog kuv kev ntseeg rau phab ntsuj plig (spiritual).	☐	☐	☐	☐
32. Cov neeg ua haujlwm ntawm no lawv saib kuv raws li kuv yog tus pojniam los txiv neej/los yog kuv kev xav thiab nyiam coj thiab hlub ib tug pojniam los ib tug txiv neej (sexual orientation).	☐	☐	☐	☐
33. Cov neeg ua haujlwm no lawv yeej siab sib (flexible) thiab los mus pab muab lwm txoj kev pab (approaches) los yog cov kev pab (services) li kuv xav tau.	☐	☐	☐	☐
34. Cov neeg ua haujlwm ntawm no lawv saib kuv tej kev ntseeg ua kev cai, kev muab tshuaj ntsuab pab kho mob thiab lwm yam kev kho mob muaj nqes.	☐	☐	☐	☐
35. Cov neeg ua haujlwm ntawm no lawv totaub tias cov tib neeg ntawm kuv haiv neeg thiab/los yog pawg neeg lawv tsis sib zoo ib yam.	☐	☐	☐	☐
36. Cov neeg ua haujlwm ntawm no lawv totaub tias tib neeg txoj kev es lawv yog ib tug pojniam los yog ib tug txiv neej ntawd (gender) thiab/los yog lawv kev nyiam coj thiab hlub nrog rau ib tug pojniam los ib txiv neej (sexual orientation) lawv tsis sib zoo ib yam.	☐	☐	☐	☐
37. Cov neeg ua haujlwm ntawm no lawv totaub tias kuv txoj kev ntseeg (religion) thiab kev ntseeg rau phab ntsuj plig (spiritual) tej no tsis sib zoo ib yam.	☐	☐	☐	☐

Tom qab uas kuv tau tuaj mus koom tes nrog rau qhov kev pab no los yog program no:

	Yog (1)	**Kuv nyob Nruab Nrab (3)**	**Tsis Yog (4)**	**Tsis Raug Kuv (888)**
38. Cov teeb meem kuv niaj hnub muaj, kuv tswj tau zoo dua qub lawm.	☐	☐	☐	☐
39. Kuv kawm tau ntawv thiab/los yog ua tau haujlwm zoo dua qub lawm.	☐	☐	☐	☐
40. Kuv tej kev mob/teeb meem lawv tsis tshua ua mob los yog ua rau kuv nyuaj siab li qub lawm.	☐	☐	☐	☐

	Muaj (1)	**Tsis Muaj (2)**	**Tsis Kam Teb (555)**	**Tsis Paub (777)**
41. Cov kev pab koj tau txais tag los no puas yog muaj hais koj hom lus?	☐	☐	☐	☐
42. Tej ntaub ntawv qhia puas muaj sau nyob rau koj hom lus (e.g tej ntawv qhia tawm, txoj cai koj muaj, thiab tej ntaub ntawv qhia txog kev nyuaj siab ntawm kev xav)?	☐	☐	☐	☐

KEV NYAB XEEB NYOB LI CAS

tamsim no…	**Zoo Heev**	**Zoo**	**Zoo Me Me**	**Tsis Zoo Li**
	☐	☐	☐	☐

43. Koj hais tias koj txoj kev nyab xeeb nws Zoo Heev, Zoo, Zoo Me Me, Tsis Zoo?

Kev Raug Ntxub raws Haiv Neeg/Kev Raug Tsis Nyiam

44. Raws li ntawm koj nyob ib hnub dhau ib hnub nws muaj pes tsawg zaus uas muaj tej no tshwm sim raug rau koj? (Koj hais yuav yog yuav luag txhua hnub, tsawg kawg li 1 zaug ib asthiv, ob peb zaug ib lub hli twg, ob peb zaug ib xyoo twg, tsawg dua ib zaug ntawm ib xyoo twg, yeej tsis tau muaj kiag li?

	Yuav luag txhua hnub	**Ob peb zaug xwb**	**Tsis tau muaj kiag li**
44a. Koj tau txais kev ua zoo tsawg tshaj (courteous) dua lwm cov tib neeg	☐	☐	☐
44b. Tib neeg coj tau yam li lawv ntshai koj.	☐	☐	☐
44c. Koj raug hu npe phem los yog cem phem (insulted).	☐	☐	☐

45. Koj xav hais tias lub keeb hauv paus uas koj tau raug muaj li no, koj hais puas yog…?

☐ Raws li koj haiv neeg los yog hom neeg
☐ Raws li ntawm qhov koj yog tus pojniam los tus txiv neej
☐ Koj cev nqaij daim tawv
☐ Qhov koj kev nyiam qaug rau tus pojniam los txiv neej
☐ Hom lus koj hais los yog kev hais lus meskas txhav txhav
☐ Koj kev ntseeg
☐ Muaj los tsis muaj ntaub ntawv nyob meskas teb
☐ Lwm yam (Thov qhia)_____
☐ Tsis paub
☐ Tsis kam teb

SWE Core POST
Participants' Response Sheet

Participant: _____ **ID:**_____

Date: _____ **Site/Location:**_____

Q1: SWE1

2-Agree 3-I am Neutral 4-Disagree

Q2. SWE2

2-Agree 3-I am Neutral 4-Disagree

Q3. SWE3

2-Agree 3-I am Neutral 4-Disagree

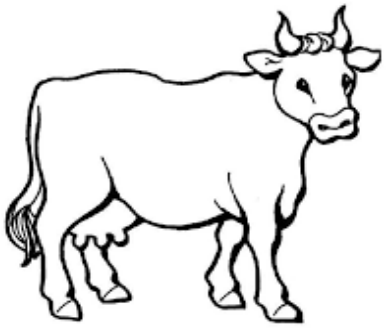
Q4. SWE4

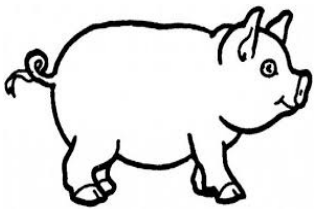
2-Agree 3-I am Neutral 4-Disagree

Q5. SWE5

1-Muaj tag musli
1-All of the time



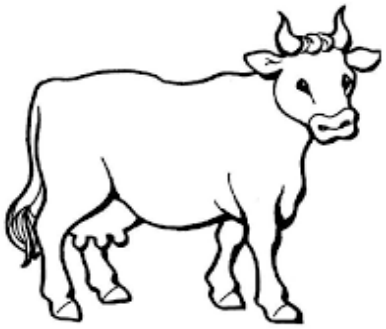
2-Muaj tejchim xwb
3-Some of the time



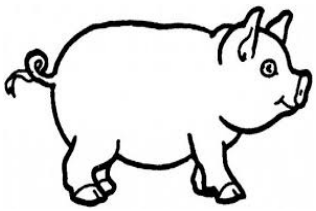
3-Tsis muaj kiagli
5- None of the time

Q6. SWE6

1-Muaj tag musli
1-All of the time



2-Muaj tejchim xwb
3-Some of the time



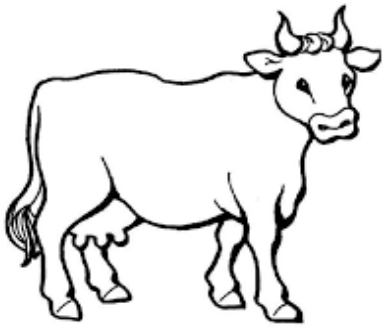
3-Tsis muaj kiagli
5- None of the time

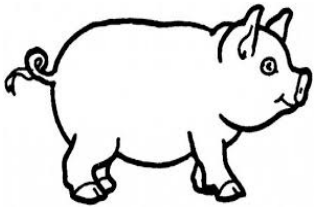
Q7. SWE7

1-Muaj tag musli
1-All of the time

2-Muaj tejchim xwb
3-Some of the time

3-Tsis muaj kiagli
5- None of the time



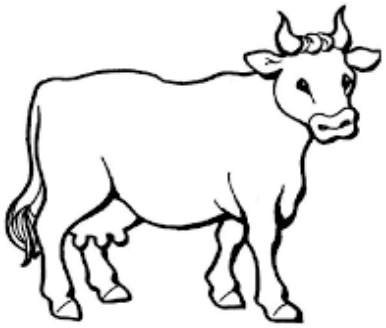


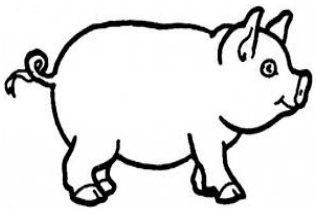
Q8. SWE8

1-Muaj tag musli
1-All of the time

2-Muaj tejchim xwb
3-Some of the time

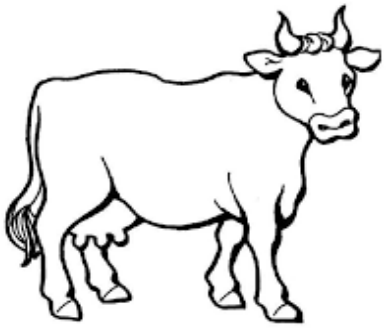
3-Tsis muaj kiagli
5- None of the time



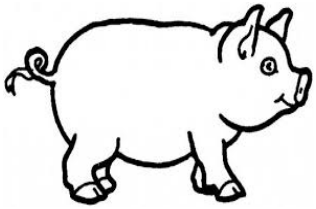


Q9. SWE9

1-Muaj tag musli



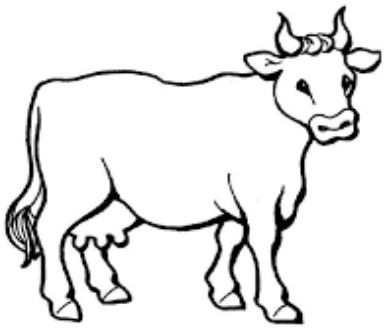
2-Muaj tejchim xwb



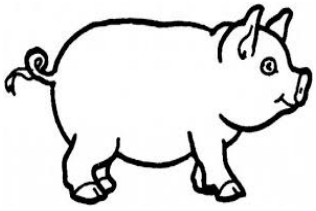
3-Tsis muaj kiagli

Q10. SWE10

1-Muaj tag musli



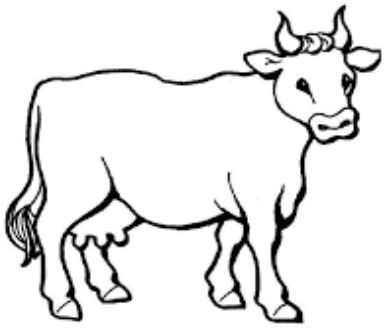
2-Muaj tejchim xwb



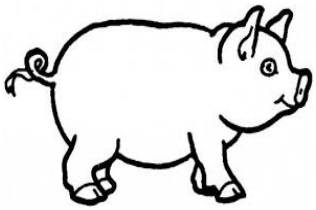
3-Tsis muaj kiagli

Q11. SWE11

1-Muaj tag musli



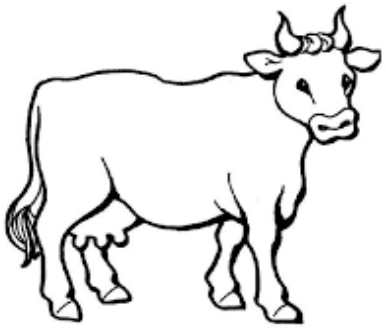
2-Muaj tejchim xwb



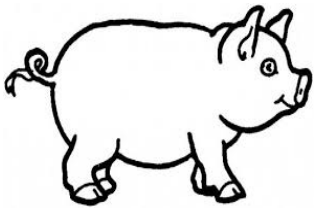
3-Tsis muaj kiagli

Q12. SWE12

1-Muaj tag musli



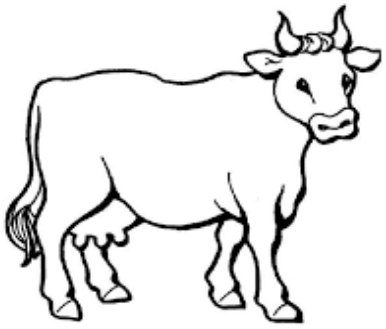
2-Muaj tejchim xwb



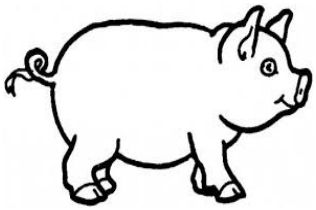
3-Tsis muaj kiagli

Q13. SWE13

1-Muaj tag musli



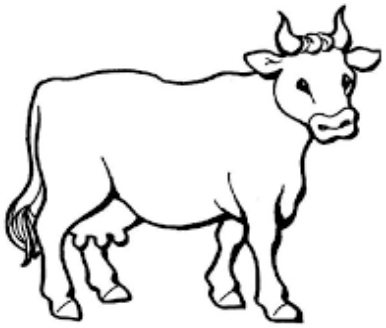
2-Muaj tejchim xwb



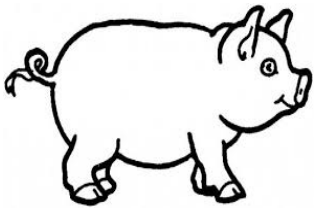
3-Tsis muaj kiagli

Q14. SWE14

1-Muaj tag musli



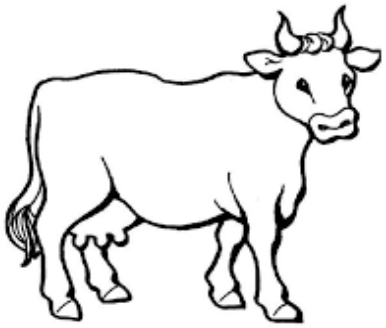
2-Muaj tejchim xwb

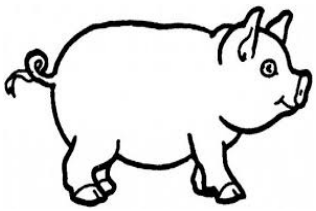


3-Tsis muaj kiagli

Q15. SWE15

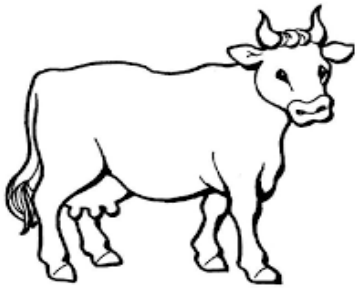
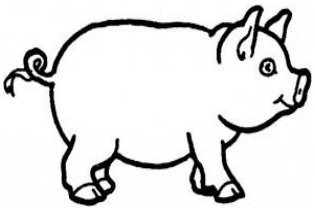
1-Ntauv Heev 2-Me Ntsis 3-Tsis muaj kiagli



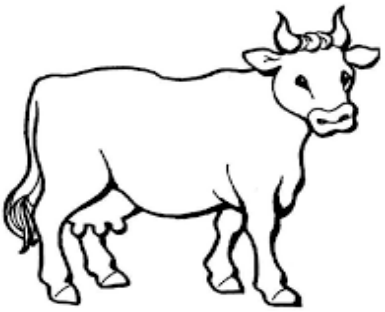
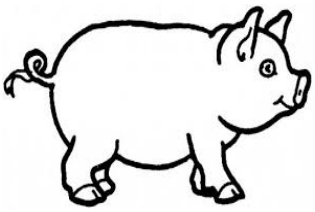


Q16. 0 ☐ **Tsis Cuam Tshuam Kiagli** SWE16

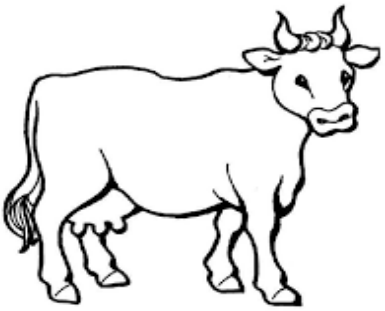
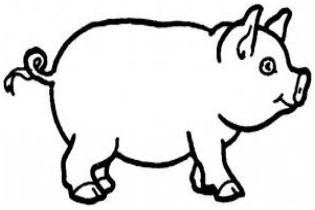
Not Applicable

1-Ntau Heev **1-All of the time**	**2-Me Ntsis** **3-Some of the time**	**3- Tsis Muaj Kiag Li** **5-None of the time**
		

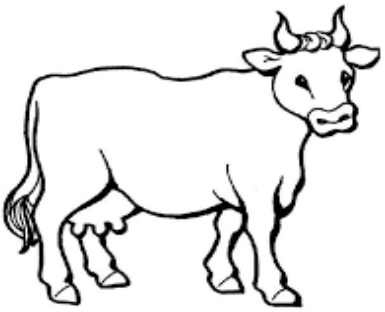
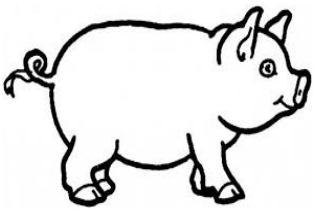
Q17. SWE17

1-Ntau Heev 1-All of the time	2-Me Ntsis 3-Some of the time	3- Tsis Muaj Kiag Li 5-None of the time
		

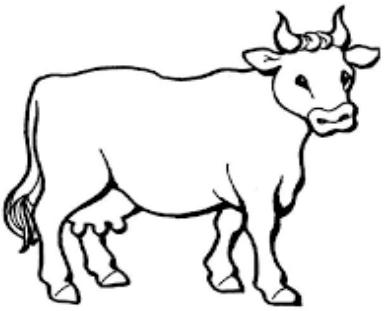
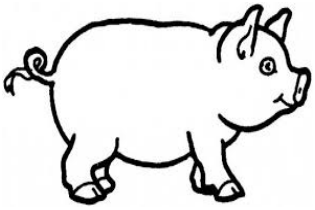
Q18. SWE18

1-Ntau Heev 1-All of the time	2-Me Ntsis 3-Some of the time	3- Tsis Muaj Kiag Li 5-None of the time
		

Q19. SWE19

1-Ntau Heev 1-All of the time	2-Me Ntsis 3-Some of the time	3- Tsis Muaj Kiag Li 5-None of the time
		

Q20. SWE20

1-Ntau Heev 1-All of the time	2-Me Ntsis 3-Some of the time	3- Tsis Muaj Kiag Li 5-None of the time
		

Q21. SWE21

2-Agree 3-I am Neutral 4-Disagree

Q22. SWE22

2-Agree 3-I am Neutral 4-Disagree

Q23. SWE23

2-Agree 3-I am Neutral 4-Disagree

Q24. SWE24

2-Agree 3-I am Neutral 4-Disagree

Q25. SWE25

2-Agree 3-I am Neutral 4-Disagree

Q26. SWE26

2-Agree 3-I am Neutral 4-Disagree

Q27. SWE27

2-Agree 3-I am Neutral 4-Disagree

Q28. SWE28

2-Agree 3-I am Neutral 4-Disagree

Q29. SWE29

2-Agree 3-I am Neutral 4-Disagree

Q30. SWE30

2-Agree 3-I am Neutral 4-Disagree

Q31. SWE31

2-Agree 3-I am Neutral 4-Disagree

Q32. SWE32

2-Agree 3-I am Neutral 4-Disagree

Q33. SWE33

2-Agree 3-I am Neutral 4-Disagree

Q34. SWE34

2-Agree 3-I am Neutral 4-Disagree

Q35. SWE35

2-Agree 3-I am Neutral 4-Disagree

Q36. SWE36

2-Agree 3-I am Neutral 4-Disagree

Q37. SWE37

2-Agree 3-I am Neutral 4-Disagree

Q38. SWE38

2-Agree 3-I am Neutral 4-Disagree

Q39. SWE39

2-Agree 3-I am Neutral 4-Disagree

Q40. SWE40

2-Agree 3-I am Neutral 4-Disagree

Q41. SWE41

1-Yes 2-No

Q42. SWE42

1-Yes 2-No

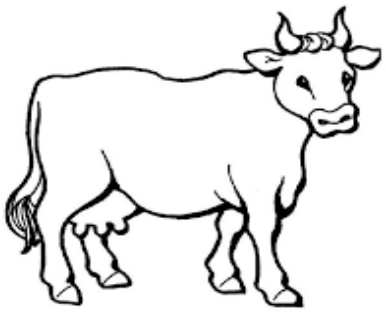
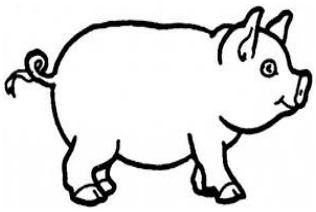
Q43. SWE43

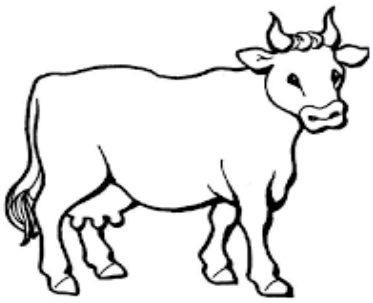
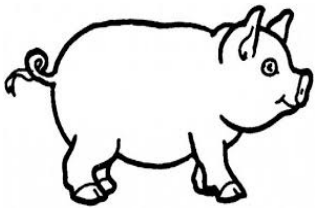
1-Very Good 2-Good 3-Fair 4-Poor

Q44. SWE44

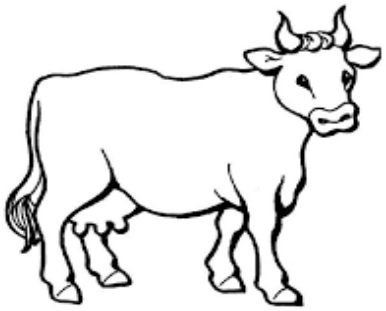
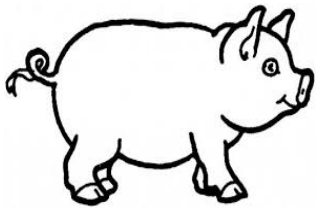
Q44a. SWE44a

1-Yuav luag txhua zaug **A lot of the time**	**2-Ob peb zaug xwb** **Some of the time**	**3-Tsis muaj li** **None of the time**
		

Q44b. SWE44b

1-Yuav luag txhua zaug A lot of the time	2-Ob peb zaug xwb Some of the time	3-Tsis muaj li None of the time
		

Q44c. SWE44c

1-Yuav luag txhua zaug A lot of the time	2-Ob peb zaug xwb Some of the time	3-Tsis muaj li None of the time
		

Q45. (Thov khij ib qho) SWE45
1-Raws li koj haiv neeg los yog hom neeg
Your race or ethnicity

2-Raws li ntawm qhov koj yog tus pojniam los tus txivneej
Your Gender

3-Koj daim tawv nqaij
Your skin color or tone

4-Qhov koj nyiam ua kev nkauj nraug yog rau tus pojniam los tus txivneej
Your sexual orientation

5-Koj hom lus losyog lub suab
Your language or accent

6-Koj kev teev hawm
Your religion

7-Muaj los tsis muaj ntaub ntawv nyob Mekas teb
Your immigration status

8-Lwm yam: _____ SWE45a
Other: Write in

Zoosiab Health Education Program Evaluation Pre- and Post-Surveys

We would like to get your feedback on the [TOPIC: General Health, Mental Health, Life Skills, Physical Activity, or Cultural Activity] Health Education Program. Your completion of this five-minute survey will help us plan for future health education programs.

1. Do you agree or disagree with the following statements about your expectations for program? [PRE AND POST]

	Agree	Disagree
Question 1.1. The information about the [TOPIC] will be / was very helpful.	1	2
Question 1.2. I will be able to apply the information and skills about the [TOPIC] I learned in my everyday life.	1	2
Question 1.3. The health educators will be / were knowledgeable and well prepared.	1	2
Question 1.4. The location of the health education sessions will be / was convenient and comfortable.	1	2
Question 1.5. Overall, the [TOPIC] Health Education Program will be / was a good investment of my time.	1	2

2. [TOPIC] Quiz. [PRE AND POST]

	True	False
Question 2.1. SPECIFIC TOPIC TBD	1	2
Question 2.2. SPECIFIC TOPIC TBD	1	2
Question 2.3. SPECIFIC TOPIC TBD	1	2
Question 2.4. SPECIFIC TOPIC TBD	1	2
Question 2.5. SPECIFIC TOPIC TBD	1	2

3. Would you attend another Zoosiab Health Education Program? [POST ONLY]

   ☐ Yes

   ☐ No

4. Other comments: [PRE AND POST]

Hmong Community Focus Group
Interview Guide

Site:
Date:
Language:

Introduction and Informed Consent	**Introduction and Informed Consent** (15 minutes)
As participants arrive, greet them and invite them to sit at the table. After an initial welcome, the moderator will briefly describe the purpose of the focus group.	*We have invited you to take part in a group discussion of information about mental health issues and preferences for mental health services and information in the Hmong community. We invite you to share your personal views and experiences, as they will help us better understand this issue.*
Next, informed consent will be obtained. The participant's extra copy of the consent form will be given with the gift card at the end of the session. **Read the form out loud.** [The preceding instruction is site-specific, depending on reading levels anticipated for the group members.]	
After reading the form, emphasize the following points:	
	We will be audio recording the session. We don't want to miss any of your comments. Only members of the evaluation team will have access to the recordings. If anyone is uncomfortable with being audio recorded, please say so. You are free to leave if you would prefer. The recordings will be typed-up (transcribed) without any names or other identifying information, and will be kept in a locked cabinet. Once the recordings have been typed-up, they will be destroyed. The typed versions will also be kept in a locked cabinet or password protected online server/computer. In any reports of the findings, we will not use anyone's name. We also ask that each of you keep what others say in this group confidential. Also, please do not identify any of our participants outside of this group. What is said here, should stay here.
At this point, ask participants if they have any questions. Once all questions have been answered, ask the participants to sign	

the copy of the consent form (or verbally consent) and either return them to you or the recorder/assistant. Remind the participants that a copy of the consent form for their records will be given to them at the end of the focus group. Point out that should they have a question at any time following the focus group, they may contact the persons listed on the consent form. After obtaining informed consent, give each participant a participant demographic survey to complete. (Have pencils and pens available). Depending on the group participants' characteristics, it may be desirable to have each participant complete the demographic survey as you read it aloud.	
<u>Ground Rules</u> Following the introductions, the moderator will describe what is expected of participants in terms of the group discussions (e.g., the ground rules): **Introduction** Welcome & Thanks for coming General information about focus groups Housekeeping - bathrooms, food, drinks, break Time - 1 to 1.5 hours Turn off cell phones (or set to silent/vibrate) **Honest opinion** No right or wrong answers You do not have to answer a question if you don't want to All opinions welcome Anonymity - your first name or an alias Confidentiality Audio recording Moderator role - make sure everyone gets heard Can talk or respond to others in the room, not only me Speak clearly and loudly enough - hands up signal Speak one at a time	**<u>Ground Rules</u>** *Before we get into our discussion, let me make a few requests of you. First, speak up so that everyone can hear you and let's try to have just one person speak at a time. Please say exactly what you think. Don't worry about what I think or others in the group might think. There are no right or wrong answers. Everyone's ideas and experiences are important. Everyone does not have to agree; we are interested in hearing all opinions.*

Time out signal (when multiple people speak at the same time) - give the floor to person who first had the floor and work around room to all the people that want to speak Questions?	
Introductions To facilitate group interaction, the moderator will ask each participant to introduce him or herself using a name he or she prefers to be called. The moderator will also emphasize that they can use any name they choose (e.g., nickname, alias, initials, etc.).	**Introductions** *1. Please tell us your first name or the name you prefer to use. Please also tell us if you know a family member or friend who is aging well and happy and why you think this family member or friend is aging well. (If you do not know anyone, please let us know why you are interested in aging well).*
Focus Group Questions	**Focus Group Questions**
CAUSES OF MENTAL HEALTH	*2. What do you think causes mental health conditions or mental illness?* PROMPT: *What have you heard causes mental illness?* PROMPT: *Why do some people have mental illness more than others?*
REPERCUSSIONS OF NOT MANAGING MENTAL HEALTH	*3. What can happen if people do not take care of their mental health conditions?* PROMPT: *What kind of health problems/complications can they develop?* PROMPT: *What kind of issues can they face at home?* PROMPT: *What kind of issues can they face at work?*
CULTURAL/ETHNIC ISSUES	*4. Are there any unique cultural issues for Hmong people about mental health issues?* PROMPT: *What types of Hmong health practices are available to address mental health issues?* PROMPT: *Are there any other cultural considerations such as spirituality or saving face?*

TREATMENT SOURCES	*5. Where would you prefer to go to get help for a family member or friend who may need mental health services?* PROMPT: *Who do you ask for help or information about mental health services currently? Are you able to get the information you need from that person? If not, what else do you need from that person?* PROMPT: *What places would you go to seek more information about mental health services? Why do you go to those places? How do you find out about those places?* PROMPT: *Have you heard anything in the media or other information sources (TV, radio, newspapers, magazines, internet, video) about mental health services?* *5a. What sources of information do you trust and use the most?* PROMPT: *Why do you trust them? What about those sources of information make them trustworthy?*
INFORMATION/RESOURCES FROM SERVICE PROVIDERS	*6. Has any community service provider, like a social worker, psychologist, doctor, or nurse given you any information, like a pamphlet or brochure about what mental health or mental illness is, or sources of mental health services that helped you care for a family member or friend with mental health issues?* (If YES ask:) PROMPT: *Who gave it to you?* PROMPT: *What did they give you?* PROMPT: *Was it in language?* PROMPT: *Did you read it?* PROMPT: *Did you need assistance in reading/understanding it?* PROMPT: *How helpful was it?*

	(If NO ask:) PROMPT: *What information or resources should a community service provider offer to help you with caring for a family member or friend with mental health issues?*
PREFERENCES FOR SPECIFIC INFORMATION/RESOURCE FORMATS	*7. If the community center could offer the health education of your choice to you, your family member, or friends in your language about mental health support and services, what would you like them to be able to provide and in what format?* PROMPT: *Would you like them to provide materials such as Videos/DVDs about mental health and healthy aging strategies?* PROMPT: *Would you like them to provide activities such as classes, support groups, and training to become a health educator?* PROMPT: *Would you like them to provide information on the internet/website?* PROMPT: *Among the options discussed, what would be your top choice?*
OTHER TOPICS	*8. Is there anything else you would like to talk about?* PROMPT: *Are there other programs, activities, or information that a community center can provide to help you support a family member or friend seeking mental health services or prevention?* PROMPT: *Are there other issues we should be discussing about mental health services and education?*
Wrap-up	**Wrap-up** *Before we end our group discussion, I'd like to know if there is anything you would like to add. Are there things that we didn't discuss that you*

	think are important for us to know about mental health and the Hmong community? *Thank you very much for taking the time to talk with us. Your input will be very helpful. Again, if you have questions at any time about this project, please feel free to contact the persons listed on your consent form.*

Hmong Community Focus Group
Interview Guide

Site:
Date:
Language:

Introduction and Informed Consent	**Introduction and Informed Consent** (15 minutes)
Thaum twg cov neeg koom tes tuav txog, tos txais lawv thiab caw lawv los zaum rau ntawm lub rooj. Tom qab qhov txais tos, tus moderator yuav piav me ntsis txog lub hom phiaj ntawm pab pawg neeg no.	*Peb tau caw koj nyob rau hauv ib pab pawg neeg kev sib tham txog teeb meem ntawm kev nyuajsiab (mental health) thiab kev pab ntawm txoj kev nyuajsiab ntawm zev zog Hmoob. Peb thov caw koj qhia koj txoj kev xav (personal views) thiab yaam koj paub (experience), vim nws yuav pab peb txhim kho Zoosiab kev pab cuam kov zoo tshaj qhov qub.*
Tom ntej no, yuav tsum tau txais kev tso cai. Muab ib daim ntawm tso cai nrog rau daim gift card rau tus neeg koom tes ntawm tom qab qhov kev sib tham. **Nyeem daim ntawv tawm kov nrov.** [Lub ntej kev qhia no yog qhov chaw-tej, nyob ntawm seb kev nyeem ntawv theem xav rau cov pab pawg neeg tswv cuab.]	
Tom qab koj nyeem daim ntawv, piav qhia txog cov hauv qab no:	*Peb yuav kaw cov lus sib tham no. Peb tsis xav kom xu koj cov lus. Tsuas yog cov mej zeej ntawm kev ntsuam xyuas pab neeg no thiaj nkag lossim mloog tau cov lus kaw no (recordings). Yog hais tias leej twg tsis khab peb kaw lawv lub suab, thov hais qhia. Koj muaj cai mus yog hais tias koj xav mus. Yuav muaj cov lus kaw no ntaus (transcribed) rau ib daim ntawm, tsis muaj npe los yog lwm yam ntaub ntawv, thiab yuav muab khaws cia nyob rau hauv ib tug xauv rau hauv thawv. Thaum ntaus cov lus kaw rau daim ntawm lawv, cov lub kaw yuav raug rhuav tshem. Cov ntaus ntawm yuav tau khaws cia nyob rau hauv ib tug xauv rau hauv thawv los yog lo lus zais uas tiv thaiv hauv internet neeg rau zaub mov / computer. Nyob rau hauv daim ntawm tshawb nrhiav, peb yuav tsis siv leej twg lub npe. Peb kuj thov kom nej txhua tus txoj muab cov lus tham hauv pab pawg neeg no tham tawm. Tsis tas li ntawd, thov tsis txhob qhia lawm tus neeg hais tias koj lossim cov tib neeg nyob hauv pab pawg neeg no rau cov neeg sab nraum. ntawm peb cov neeg tuaj koom nyob sab nraum ntawm no pab*
Thaum no, nug sev lawv puab muaj lus nug. Thaum teb tag nrho cov lus nug, cev nug	

pab neeg koom tes ntawm kos lawv lub npe rau daim ntawv tso cai (los yog hais lus tso cai), thiab hais kov lawv rov qab muab daim ntawm tso cai rov qab rau koj lossim tus teev ntawv. Rov hais qhia rau pab neeg koom tes ntawv hais thiaj ib tsam thaum xaus mas li muab ib daim qauv ntawm daim ntawv tso cai rau lawv. Qhia rau lawv hais tias, yog lawv muab ib lo lus nug thaum twg lossim lub sij hawm twg, lawv hu tau rau tus neeg muaj npe nyob rau hauv daim ntawv tso cai dab qab no. Tom qab tau kev tso cai, muab txhua tus neeg ib tug neeg pej xeem daim ntawv ntsuam xyuas kom tiav. (Muaj cwj mem qhuav thiab cwjmem muaj). Nyob ntawm seb cov pab pawg neeg koom lub yam ntxwv, tej zaum nws yuav zoo tshaj yog txhua tus neeg teb daim ntawv ntsuam xyuas pej xeem thaum koj nyeem rau sawv daws mloog.	*pawg neeg. Txhua yam lus hais lossim tham tag lawm, yuav tsum nyob twj ywm hauv no.*
<u>Ground Rules</u> Ua raws li cov qhia, tus moderator yuav piav qhia txog ntawm pab pawg neeg kev sib tham (xws li, cov kev cai): **Introduction** Zoo siab txais tos & Ua tsaug rau kev koom tes Qhia txog lub hom phiaj ntawm pab pawg neeg (focus groups) saib xyuas vaj tse - chav dej, khoom noj khoom haus, cov dej qab zib, tawg sij hawm - 1 mus rau 1.5 teev Tua xov tooj ntawm tes (los yog tso rau qhov ntsiag to) **Honest opinion** Tsis muaj cov lus teb ua yuav yog los tsis yog Koj tsis tas yuav teb ib lo lus nug yog tias koj tsis xav teb Zoosiab txais tos tag nrho cov kev xav Lawv - koj lub npe los yog ib lub npe cuav Kev zaisnpog Kaw suab	**<u>Ground Rules</u>** *Ua ntej peb yuav mus rau hauv peb kev sib tham, cia kuv hais ob peb lo lus ua ntej tso. Ua ntej no, hais lus kov nrov kov txhua tus hnov thiab cia ib tug hais tag ib tug mas li hais. Thov hais raws nraim li qhov koj xav. Tsis txhob txhawj txog sev kuv yuav xav li cas lossim pab pawg neeg koom tes no yuav xav li cas. Tsis muaj qhov lus teb ua yuav los yog los tsis yog. Txhua leej txhua tus lub tswv yim thiab yaam puab paub yog ib qho tseem ceeb. Txhua leej txhua tus tsis tas muaj kev sib pom zoo; peb xav hnov txhua lub tswv yim nyob rau hauv kev sib tham no.*

Moderator lub luag hauj lwm - kom paub tseeb tias txhua leej txhua tus tau hnov Tham tau rau lwm tus neeg nyob rau hauv lub chav tsev, tsis tsuas kuv Hais lus kom meej thiab kom nrov txaus - ob txhais tes mus txog lub teeb liab Ib tug hais tag ib tus mas li hais Lub sij hawm tawm lub teeb liab (thaum muaj ntau tus neeg hais lus nyob rau tib lub sij hawm) - muab cov pem teb mus rau tus neeg uas thawj tau rau hauv pem teb thiab ua hauj lwm nyob ib ncig ntawm chav tsev rau tag nrho cov cov neeg uas xav hais lus muaj lus nug?	
<u>Introductions</u> Yuav kom pab txhawb pab pawg neeg kev sis raug zoo, cov moderator yuav nug txhua tus neeg kov lawv qhia lawv tus kheej lossim qhia lawv lub npe ua lawv xav siv. Cov moderator kuj yuav qhia lawv thiaj lawv siv lub npe twg los tau (xws li, npe menyuam yaus, lub npe cuav, thiab lwm yam).	**<u>Introductions</u>** 1. *Thov qhia rau peb koj lub npe los yog lub npe ua koj xav siv. Thov qhia rau peb yog hais tias koj paub ib tug tsev neeg los yog phooj ywg uas laus zoo thiab zoo siab thiab yog vim li cas koj xav tias tsev neeg los yog tus phooj ywg ntawm laus zoo. (Yog hais tias koj tsis paub leej twg, thov qhia rau peb paub yog vim li cas koj xav txog txoj kev laus zoo).*
<u>Focus Group Questions</u>	**<u>Focus Group Questions</u>**
KEV NYUAJSIAB TSHWM SIM LI CAS	*2. Dab tsis ua rau kev nyuajsiab tshwm sim?* PROMPT: *Koj puas tau hnov txog sev kev nyuajsiab tshwm sim li cas?* PROMPT: *Why do some people have mental illness more than others? Yog vim li cas qee tus neeg muaj kev nyuajsiab ntau dua lawm cov neeg?*
TEEM MEEM NTAWM KEV TSIS TSWJ KEV NYUAJSIAB	*3. Thej yam dab tsis tshwm sim yog tias tib neeg tsis saib xyuas lawv qhov kev nyuajsiab?* PROMPT: *Lwm yam mob twg tshwm sim tuaj?* PROMPT: *Lwm yam teem meem ua lawv ntsib tau dab tsev?* PROMPT: *Lwm yam teem meem ua lawv ntsib tau dab chaw haujlwg?*

TEEM MEEM NTAWM KEV CAI/PAWG NEEG	*4. Puas muaj thej yam dab tsis tshwj xeeb txoj kev nyuajsiab ntawm ib tsoom Hmoob?* PROMPT: *Hmoob puas muaj lawm yam kev pab ntawm kev noj qab haus huv los pab rau ntawm sab kev nyuajsiab?* PROMPT: *Puas muaj lwm yam kev cai xav txog kev teem xws li sab ntsuj plig los yog txuag ntsej muag?*
KEV PAB CUAM	*5. Qhov twg yog qhov koj xav mus nrhiav kev pab rau ib tug neeg hauv koj tsev neeg los yog cov phooj ywg uas tej zaum lawv xav tau kev pab?* PROMPT: *Kov thov kev pab los ntawm leej twg lossim nug cov lus qhia txog kev pab cuam ntawm kev nyuajsiab tam sim no? Koj puas tau txais yam kev pab ua koj xav tau ntawm tus tib neeg ntawm? Yog hais tias tsis tau, dab tsi ntxiv ua koj xav tau los ntawm tus neeg ntawd?* PROMPT: *Koj mus nrhiav kev pab txoj ntawm kev nyuajsiab ntawm qhov chaw twg? Yog vim li cas koj mus rau cov chaw ntawm? Koj nrhiav tau cov chaw ntawm li cas?* PROMPT: *Koj puas tau hnov dab tsi nyob rau hauv xov xwm lossim lwm qhov chaw (xwm li TV, xov tooj cua, ntawv xov xwm, cov phau ntawv Magazine, internet, video) txog kev pab cuam ntawm kev nyuajsiab?* *5a. Qhov kev pab twg ua koj tso siab rau thiab siv ntau dua?* PROMPT: *Yog vim li cas koj cia siab rau lawv? Muaj yam dab tsi ua rau koj tso siab rau lawv?*
KEV PAB CUAM NTAWM COV KOOM HAUM	*6. Puas muaj zej zog kev pab kws kho mob, zoo li ib tug social worker, kev puas siab ntsws (psychologist), tus kws kho mob, los yog tus neeg tu mob muab rau koj tej ntaub ntawv, xws*

	li ib phau ntawv ua qhia txog kev nyuajsiab lossim sev kev nyuajsiab yog dab tsi, los yog chaw kev pab cuam ntawm kev nyuajsiab rau koj pab rau koj ib tug neeg hauv tsev neeg los yog cov phooj ywg ua muaj kev nyuajsiab? (Yog MUAJ, cev nug:) PROMPT: *Leej twg muab rau koj?* PROMPT: *Lawv muab dab tsi rau koj?* PROMPT: *Yog hom lus dab tsi?* PROMPT: *Koj puas tau nyeem?* PROMPT: *Did you need assistance in reading/understanding it? Koj puas xav tau kev pab nyeem ntawv/txais ntawv?* PROMPT: *Nwg pab tau zoo npau cas?* (Yog TSIS MUAJ, cev nug:) PROMPT: *Hom kev pab twg ua koj xav kom zej zog muab los pab rau koj siv pab koj tu ib tug neeg hauv koj tsev neeg lossim cov phooj ywg ua muaj teem meem rau sab kev nyuajsiab?*
NYIAM RAU TEJ NTAUB NTAWV/KEV PAB TAWM TSWV YIM	*7. Yog hais tias lub zej zog muaj kev qhia kawm txog ntawm kev noj qab haus huv rau koj, koj tsev neeg, los yog cov phooj ywg nyob rau hauv koj cov lus hais txog kev pab cuam ntawm kev nyuajsiab, koj yuav nyiam kom lawv muaj thiab qhia li cas?* PROMPT: *Koj puas xav kom lawv muab cov ntaub ntawv xws li Videos/ DVDs txog kev nyuajsiab thiab noj qab nyob zoo laus cov tswv yim?* PROMPT: *Koj puas xav kom lawv muab kev ua ub no xws li kev kawm ntawv, pab pawg, thiab kev kawm los ua ib tug qhia txog kev noj qab haus huv?* PROMPT: *Koj puas xav kom lawv muab cov lus qhia nyob rau hauv internet/website?* PROMPT: *Ntawm cov kev xaiv los sib tham, cov twg yog koj nyiam dua?*
LAWM LUB NTSIAB LUS	*8. Puas muaj lwm yam uas koj xav tham txog?*

	PROMPT: *Puas muaj lwm cov kev pab, kev ua ub no, los yog cov ntaub ntawv uas lub zej zog yuav muab los pab txhawb koj pab ib tus neeg hauv koj tsev neeg los yog cov phooj ywg nrhiav kev pab ntawm kev nyuajsiab lossim kev tiv thaiv?* PROMPT: *Puas muaj lwm yam teeb meem peb yuav tsum tau los sib tham txog hais txog kev pab cuam ntawm kev nyuajsiab thiab kev kawm?*
Wrap-up	**Wrap-up** *Ua ntej peb yuav xaus peb cov pab pawg neeg sib tham, kuv xav paub tias koj puas muaj dab tsi koj xav ntxiv. Puas muaj tej yam uas peb tsis tau tham txog tias koj xav tias tseem ceeb heev rau peb paub txog txoj kev nyuajsiab thiab Hmoob lub zej lub zog?* *Ua tsaug ntau ntau rau koj lub sij hawm los tham nrog peb. Koj cov tswv yim yuav pab heev. Ib zaug ntxiv, yog tias koj muaj lus nug thaum twg lossim lub sij hawm twg txog qhov project no, thov hu rau tus neeg muaj npe nyob rau hauv koj daim ntawv tso cai.*

Zoosiab Program Participant Focus Group
Interview Guide

Site:
Date:
Language:

Introduction and Informed Consent	**Introduction and Informed Consent** (15 minutes)
As participants arrive, greet them and invite them to sit at the table. After an initial welcome, the moderator will briefly describe the purpose of the focus group.	*We have invited you to take part in a group discussion about your experiences with the Zoosiab program and your recommendations for improving the Zoosiab program. We invite you to share your personal views and experiences, as they will help us better improve the Zoosiab program.*
Next, informed consent will be obtained. The participant's extra copy of the consent form will be given with the gift card at the end of the session. **Read the form out loud.** [The preceding instruction is site-specific, depending on reading levels anticipated for the group members.]	
After reading the form, emphasize the following points:	
	We will be audio recording the session. We don't want to miss any of your comments. Only members of the evaluation team will have access to the recordings. If anyone is uncomfortable with being audio recorded, please say so. You are free to leave if you would prefer. The recordings will be typed-up (transcribed) without any names or other identifying information, and will be kept in a locked cabinet. Once the recordings have been typed-up, they will be destroyed. The typed versions will also be kept in a locked cabinet or password protected online server/computer. In any reports of the findings, we will not use anyone's name. We also ask that each of you keep what others say in this group confidential. Also, please do not identify any of our participants outside of this group. What is said here, should stay here.
At this point, ask participants if they have any questions. Once all questions have been answered, ask the participants to sign	

the copy of the consent form (or verbally consent) and either return them to you or the recorder/assistant. Remind the participants that a copy of the consent form for their records will be given to them at the end of the focus group. Point out that should they have a question at any time following the focus group, they may contact the persons listed on the consent form. After obtaining informed consent, give each participant a participant demographic survey to complete. (Have pencils and pens available). Depending on the group participants' characteristics, it may be desirable to have each participant complete the demographic survey as you read it aloud.	
<u>Ground Rules</u> Following the introductions, the moderator will describe what is expected of participants in terms of the group discussions (e.g., the ground rules): **Introduction** Welcome & Thanks for coming General information about focus groups Housekeeping - bathrooms, food, drinks, break Time - 1 to 1.5 hours Turn off cell phones (or set to silent/vibrate) **Honest opinion** No right or wrong answers You do not have to answer a question if you don't want to All opinions welcome Anonymity - your first name or an alias Confidentiality Audio recording Moderator role - make sure everyone gets heard Can talk or respond to others in the room, not only me Speak clearly and loudly enough - hands up signal Speak one at a time	**<u>Ground Rules</u>** *Before we get into our discussion, let me make a few requests of you. First, speak up so that everyone can hear you and let's try to have just one person speak at a time. Please say exactly what you think. Don't worry about what I think or others in the group might think. There are no right or wrong answers. Everyone's ideas and experiences are important. Everyone does not have to agree; we are interested in hearing all opinions.*

Time out signal (when multiple people speak at the same time) - give the floor to person who first had the floor and work around room to all the people that want to speak Questions?	
Introductions To facilitate group interaction, the moderator will ask each participant to introduce him or herself using a name he or she prefers to be called. The moderator will also emphasize that they can use any name they choose (e.g., nickname, alias, initials, etc.).	**Introductions** *1. Please tell us your first name or the name you prefer to use. Please also tell us if you know a family member or friend who is aging well and happy and why you think this family member or friend is aging well. (If you do not know anyone, please let us know why you are interested in aging well).*
Focus Group Questions	**Focus Group Questions**
UNADDRESSED MENTAL HEALTH ISSUES	*2. What are some mental health issues you see that are not being addressed in the Hmong community?* *3. What are some mental health issues you see that are not being addressed when you seek western treatment?*
ZOOSIAB PROGRAM EVALUATION	*4. What are your thoughts about the Zoosiab Program in general?* PROMPT: *What do you like the most about it?* PROMPT: *What do you dislike the most about it?* *5. Tell me about your experiences with Zoosiab providers. Can you share a story?* *6. What are your thoughts about the group activities (e.g., recreation group, field trips, community garden)?* PROMPT: *What do you like the most about it?*

	PROMPT: *What do you dislike the most about it?* *7. What are your thoughts about the resource connections (e.g., care coordination, transportation)?* PROMPT: *What do you like the most about it?* PROMPT: *What do you dislike the most about it?* *8. What are your thoughts about the individual services (e.g., counseling, interpretation, home visits, office visits, companion services)?* PROMPT: *What do you like the most about it?* PROMPT: *What do you dislike the most about it?*
RECOMMENDATIONS	*9. What can the Zoosiab Program do to improve and to better your mental health status and social well-being?* *10. What can the Zoosiab Program do to improve your access to mental health services and treatment?*
OTHER TOPICS	*11. Is there anything else you would like to talk about?* PROMPT: *Are there additional stories you would like to share about your experiences with the Zoosiab program providers?* PROMPT: *Are there any other mental health or mental health services issues you would like to discuss?*
Wrap-up	**Wrap-up** *Before we end our group discussion, I'd like to know if there is anything you would like to add.*

	Are there things that we didn't discuss that you think are important for us to know about how the Zoosiab program can better serve the Hmong community? *Thank you very much for taking the time to talk with us. Your input will be very helpful. Again, if you have questions at any time about this project, please feel free to contact the persons listed on your consent form.*

Zoosiab Program Participant Focus Group
Interview Guide

Site:
Date:
Language:

Introduction and Informed Consent	**Introduction and Informed Consent** (15 minutes)
Thaum twg cov neeg koom tes tuav txog, tos txais lawv thiab caw lawv los zaum rau ntawm lub rooj. Tom qab qhov txais tos, tus moderator yuav piav me ntsis txog lub hom phiaj ntawm pab pawg neeg no.	*Peb tau caw koj nyob rau hauv ib pab pawg neeg kev sib tham txog ntawm koj qhov kev koom tes (experiences) nrog Zoosiab kev pab cuam thiab koj lub tswv yim ua koj muaj los tsim kho Zoosiab kev pab cuam. Peb thov caw koj qhia koj txoj kev xav (personal views) thiab yaam koj paub (experience), vim nws yuav pab peb txhim kho Zoosiab kev pab cuam kov zoo tshaj qhov qub.*
Tom ntej no, yuav tsum tau txais kev tso cai. Muab ib daim ntawm tso cai nrog rau daim gift card rau tus neeg koom tes ntawm tom qab qhov kev sib tham. **Nyeem daim ntawv tawm kov nrov.** [Lub ntej kev qhia no yog qhov chaw-tej, nyob ntawm seb kev nyeem ntawv theem xav rau cov pab pawg neeg tswv cuab.]	
Tom qab koj nyeem daim ntawv, piav qhia txog cov hauv qab no:	*Peb yuav kaw cov lus sib tham no. Peb tsis xav kom xu koj cov lus. Tsuas yog cov mej zeej ntawm kev ntsuam xyuas pab neeg no thiaj nkag lossim mloog tau cov lus kaw no (recordings). Yog hais tias leej twg tsis khab peb kaw lawv lub suab, thov hais qhia. Koj muaj cai mus yog hais tias koj xav mus. Yuav muaj cov lus kaw no ntaus (transcribed) rau ib daim ntawm, tsis muaj npe los yog lwm yam ntaub ntawv, thiab yuav muab khaws cia nyob rau hauv ib tug xauv rau hauv thawv. Thaum ntaus cov lus kaw rau daim ntawm lawv, cov lub kaw yuav raug rhuav tshem. Cov ntaus ntawm yuav tau khaws cia nyob rau hauv ib tug xauv rau hauv thawv los yog lo lus zais uas tiv thaiv hauv internet neeg rau zaub mov / computer. Nyob rau hauv daim ntawm tshawb nrhiav, peb yuav tsis siv leej twg lub npe. Peb kuj thov kom nej txhua tus txoj muab cov lus tham hauv pab pawg neeg no tham tawm. Tsis tas li ntawd, thov tsis txhob qhia lawm tus neeg hais tias koj lossim cov tib neeg nyob hauv pab pawg neeg no rau cov neeg sab nraum. ntawm peb cov neeg tuaj koom nyob sab nraum ntawm no pab pawg neeg. Txhua yam lus hais lossim tham tag lawm, yuav tsum nyob twj ywm hauv no.*
Thaum no, nug sev lawv puab muaj lus nug. Thaum teb tag nrho cov lus nug, cev nug pab neeg koom tes ntawm kos lawv lub npe rau daim ntawv tso cai (los yog hais lus tso	

cai), thiab hais kov lawv rov qab muab daim ntawm tso cai rov qab rau koj lossim tus teev ntawv. Rov hais qhia rau pab neeg koom tes ntawv hais thiaj ib tsam thaum xaus mas li muab ib daim qauv ntawm daim ntawv tso cai rau lawv. Qhia rau lawv hais tias, yog lawv muab ib lo lus nug thaum twg lossim lub sij hawm twg, lawv hu tau rau tus neeg muaj npe nyob rau hauv daim ntawv tso cai dab qab no. Tom qab tau kev tso cai, muab txhua tus neeg ib tug neeg pej xeem daim ntawv ntsuam xyuas kom tiav. (Muaj cwj mem qhuav thiab cwjmem muaj). Nyob ntawm seb cov pab pawg neeg koom lub yam ntxwv, tej zaum nws yuav zoo tshaj yog txhua tus neeg teb daim ntawv ntsuam xyuas pej xeem thaum koj nyeem rau sawv daws mloog.	
<u>Ground Rules</u> Ua raws li cov qhia, tus moderator yuav piav qhia txog ntawm pab pawg neeg kev sib tham (xws li, cov kev cai): **Introduction** Zoo siab txais tos & Ua tsaug rau kev koom tes Qhia txog lub hom phiaj ntawm pab pawg neeg (focus groups) saib xyuas vaj tse - chav dej, khoom noj khoom haus, cov dej qab zib, tawg sij hawm - 1 mus rau 1.5 teev Tua xov tooj ntawm tes (los yog tso rau qhov ntsiag to) **Honest opinion** Tsis muaj cov lus teb ua yuav yog los tsis yog Koj tsis tas yuav teb ib lo lus nug yog tias koj tsis xav teb Zoosiab txais tos tag nrho cov kev xav Lawv - koj lub npe los yog ib lub npe cuav Kev zaisnpog Kaw suab	**<u>Ground Rules</u>** *Ua ntej peb yuav mus rau hauv peb kev sib tham, cia kuv hais ob peb lo lus ua ntej tso. Ua ntej no, hais lus kov nrov kov txhua tus hnov thiab cia ib tug hais tag ib tug mas li hais. Thov hais raws nraim li qhov koj xav. Tsis txhob txhawj txog sev kuv yuav xav li cas lossim pab pawg neeg koom tes no yuav xav li cas. Tsis muaj qhov lus teb ua yuav los yog los tsis yog. Txhua leej txhua tus lub tswv yim thiab yaam puab paub yog ib qho tseem ceeb. Txhua leej txhua tus tsis tas muaj kev sib pom zoo; peb xav hnov txhua lub tswv yim nyob rau hauv kev sib tham no.*

Moderator lub luag hauj lwm - kom paub tseeb tias txhua leej txhua tus tau hnov Tham tau rau lwm tus neeg nyob rau hauv lub chav tsev, tsis tsuas kuv Hais lus kom meej thiab kom nrov txaus - ob txhais tes mus txog lub teeb liab Ib tug hais tag ib tus mas li hais Lub sij hawm tawm lub teeb liab (thaum muaj ntau tus neeg hais lus nyob rau tib lub sij hawm) - muab cov pem teb mus rau tus neeg uas thawj tau rau hauv pem teb thiab ua hauj lwm nyob ib ncig ntawm chav tsev rau tag nrho cov cov neeg uas xav hais lus muaj lus nug?	
Introductions Yuav kom pab txhawb pab pawg neeg kev sis raug zoo, cov moderator yuav nug txhua tus neeg kov lawv qhia lawv tus kheej lossim qhia lawv lub npe ua lawv xav siv. Cov moderator kuj yuav qhia lawv thiaj lawv siv lub npe twg los tau (xws li, npe menyuam yaus, lub npe cuav, thiab lwm yam).	**Introductions** Thov qhia rau peb koj lub npe los yog lub npe ua koj xav siv. Thov qhia rau peb yog hais tias koj paub ib tug tsev neeg los yog phooj ywg uas laus zoo thiab zoo siab thiab yog vim li cas koj xav tias tsev neeg los yog tus phooj ywg ntawm laus zoo. (Yog hais tias koj tsis paub leej twg, thov qhia rau peb paub yog vim li cas koj xav txog txoj kev laus zoo).
Focus Group Questions	**Focus Group Questions**
Teeb meem ntawm kev nyuajsiab ua tsis tau paub txog	1. *Puas muaj teb kev puas hlwb kev noj qab nyob teeb meem uas koj pom tias yog tsis tau nyob rau hauv lub zej zog Hmoob?* 2. *Yuav ua li cas yog ib co kev puas hlwb kev noj qab nyob teeb meem uas koj pom tias yog tsis tau nyob thaum koj mus nrhiav kev thaj kev kho mob?*
Kev ntsuam xyuas Zoosiab kev pab cuam	3. *Ua li ne, koj hov xav li cas txog Zoosiab Program thiab?* PROMPT: *Koj nyiam dab tsis tshaj txog nws?* PROMPT: *Koj tsis nyiam qhov twv tshaj txog nws?*

	4. Qhia rau kuv txog koj yaam puab paub nrog Zoosiab muab kev pab.Yuav koj qhia ib zaj dab neeg? *5. Yuav ua li cas yog koj xav txog cov pab pawg neeg kev ua ub no (piv txwv li, kev ua si cov pab pawg neeg, mus ua si, lub zej lub zos vaj)?* PROMPT: *Koj nyiam dab tsis tshaj txog nws?* PROMPT: *Koj tsis nyiam qhov twv tshaj txog nws?* *7. Yuav ua li cas yog koj xav txog cov kev pab sib txuas (piv txwv li, kev kho mob kom sib haum, kev thauj mus los)?* PROMPT: *Koj nyiam dab tsis tshaj txog nws?* PROMPT: *Koj tsis nyiam qhov twv tshaj txog nws?* *8. Yuav ua li cas yog koj xav txog tus neeg cov kev pab cuam (xws li, tawm tswv yim, kev txhais, ntsib tom tsev, chaw ua hauj lwm mus ntsib, luag cov kev pab cuam)?* PROMPT: *Koj nyiam dab tsis tshaj txog nws?* PROMPT: *Koj tsis nyiam qhov twv tshaj txog nws?*
Qhia rau	*9. Yuav ua li cas yuav lub Zoosiab Program ua li cas kom thiab zoo koj puas siab puas ntsws noj qab haus huv raws li txoj cai thiab kev thaj?* *10. Yuav ua li cas yuav lub Zoosiab Program ua li cas rau txhim kho koj kev nkag tau rau kev pab thiab kev kho mob?*
Lawm lub ntsiab lus	*11. Puas muaj lwm yam uas koj xav tham txog?*

	PROMPT: *Puas muaj lwm cov dab neeg koj xav qhia txog koj yaam puab paub nrog cov Zoosiab kev pab cuam muab kev pab?* PROMPT: Puas muaj lwm yam kev puas siab ntsws los yog puas siab puas ntsws noj qab haus huv kev pab teeb meem uas koj xav tham txog?
Wrap-up	**Wrap-up** *Ua ntej peb yuav xaus peb cov pab pawg neeg sib tham, kuv xav paub tias koj puas muaj dab tsi koj xav ntxiv. Puas muaj tej yam uas peb tsis tau tham txog tias koj xav tias tseem ceeb heev rau peb paub txog yuav ua li cas lub Zoosiab kev pab cuam yuav zoo dua pab cov Hmoob?* Ua tsaug ntau ntau rau koj lub sij hawm los tham nrog peb. Koj cov tswv yim yuav pab heev. Ib zaug ntxiv, yog tias koj muaj lus nug thaum twg lossim lub sij hawm twg txog qhov project no, thov hu rau tus neeg muaj npe nyob rau hauv koj daim ntawv tso cai.

KI ID#: ____

Zoosiab Program Staff Interview Guide

Date of interview: _____

Start time: _____ End time: _____

Interviewer ID: _____

CIRCLE ONE: Baseline interview Follow-up interview

CIRCLE ONE: In-person interview Phone interview

KI job title: _____

INTRODUCTION AND INFORMED CONSENT

Thank you for agreeing to be interviewed for this program evaluation. We would like to ask about your experiences with coordinating the group activities, resource connections, and individual services of the Zoosiab program and your experiences with the Hmong elders who participate in the program.

We have invited you to participate in this interview today because we believe you can help us identify some of the major successes and areas for improvement about the various components of the Zoosiab program as well as the barriers and facilitators in working with Hmong elders with mental health issues.

Do you have any questions about the study before we begin? [If yes, answer questions.]

[consent]

1. **Have you read the consent form that was mailed/emailed to you?**
    a. YES (1)
    b. NO (2)

[Briefly go over the main points of the consent form.]

- Just as a reminder, you can refuse to answer any questions and you can discontinue the interview at any time.
- We will make every effort to make sure that your name is not associated with anything you say. Your name will not appear on the interview document or any written reports. However, there may be some risk that you could be identified.
- There is no direct benefit to you from taking part in the interview, but you may benefit others in the future.
- We would like to interview you once a year. Each interview will take approximately 30-45 minutes.

[agree]

2. **Do you agree to participate in this interview?**
    a. YES (1) → Complete information on consent form
    b. NO (2) → Stop interview and thank person for his/her time.

Now I'd like to start the interview.

1. What is your job title?

2. What type of work do you do? What is your role/job in the Zoosiab program?

3. What clients do you primarily serve? Approximately what percentage of your clients are Hmong elders? How frequently do you serve Hmong elders?

4. Can you briefly describe the goals and services of the Zoosiab program?

5. Can you describe what your primary roles and responsibilities are with the Zoosiab program and its various component services (group activities, resources connections, individual services)?

6. What have been some of the key highlights or changes to the Zoosiab program and Hmong elders in the program in the past year? Are there any stories or examples you would like to share?

7. What do you think have been the most successful components of the Zoosiab program in improving the mental health status and social well-being of Hmong elders? Please explain.

8. What do you think have been the most successful components of the Zoosiab program for improving Hmong elders' access to mental health services and treatment? Please explain.

9. Tell me about your experiences working with HCCBC staff and other external providers in providing care to Hmong elders. Can you share examples of how do you coordinate care for Hmong elders?

10. What have been the major challenges or barriers you have faced in providing services and coordinating care to the Hmong elders in the past year? Are any stories you would like to share?

11. What key recommendations do you have for addressing these challenges you have faced in providing services and care coordination for Hmong elders?

12. How well do the Hmong elders you serve currently know the medications that have been prescribed to them (if any) and understand how they are to take them? Are they compliant with taking these medications as prescribed?

13. What are some key strategies that have been most successful for you to get Hmong elders to make their mental health service appointments and to follow treatment recommendations?

14. Are you aware of other existing mental health services programs in the community that you think would help the Hmong elders you serve?

15. Do you have additional comments you would like to share about ways to improve the Zoosiab program or the mental health services of Hmong elders?

Interviewer Notes