ENGAGING METRO AREA LATINE COMMUNITY AROUND ASTHMA

1. Executive summary

The Minnesota Department of Health (MDH) Asthma Program asked Lighthouse Global, a Latina owned business, to lead a community-based study to better understand how Latine individuals and families in the Twin Cities Metro Area experience and manage asthma. The study aimed to identify barriers to asthma care, highlight existing community strategies for asthma management, and provide practical recommendations to help MDH better support families through their experience with asthma.

Between May 5 and May 23, 2025, Lighthouse Global interviewed 20 Latine participants from the Twin Cities metro area. Participants had asthma, cared for a family member with asthma, or were part of an organization working with the Latine community. Lighthouse Global conducted interviews in Spanish, English, or Spanglish. The team used a collaborative approach to analyze the data and held a findings session with MDH to validate results and identify the next steps.

Key Findings

Asthma affects daily life and emotional wellbeing

Participants described asthma as confusing, frightening, and exhausting. Families often changed their routines (avoiding pets, staying indoors, and constantly checking medications) to manage symptoms. Many caregivers, especially parents, said they felt stressed, tired, and always alert. Some families felt proud of how they handled asthma, while others felt overwhelmed.

> *"The truth is asthma had a big impact on my life. I missed out on a lot because of it, especially because we couldn't afford the treatment." - Community member living with asthma*

Daily triggers make asthma harder to manage

Participants identified cold air, dust, pollen, strong emotions, and cleaning products as common asthma triggers. Several said their symptoms worsened during puberty, menstruation, or after having COVID-19. Community leaders mentioned that many Latine families live in poor housing with mold, poor airflow, and broken heating systems that make symptoms worse. Same for families that live near heavy traffic or industrial sites pollution.

People often overlook asthma unless it affects them personally

Participants said they did not fully understand asthma until they or someone they loved received a diagnosis. Many believed asthma only meant having trouble breathing. They felt surprised to learn that symptoms could also include tiredness, chest pain, or coughing. Because asthma is not always visible and is not widely discussed in the community, many people underestimate its seriousness.

> *"When it comes to asthma, very few people really know about it. And honestly, I don't think the people I know would know how to handle a crisis." - Community member living with asthma*

Participants know how to act when symptoms appear, but access matters

How participants managed asthma often depended on what they knew, believed, and could afford. Some participants felt confident managing asthma; others felt unsure. Many participants said they had learned to recognize symptoms and knew how to respond. Most carried an inhaler; some followed an asthma action plan. A few avoided using inhalers in public due to embarrassment.

Participants rely on both medicine and traditional remedies

Most participants said they trusted Western medicine. At the same time, alongside doctor-recommended treatments, many also used natural remedies passed down in their families, such as teas, eucalyptus, steam, or Vicks. These practices helped them feel more comfortable and in control, especially when resources were limited.

Barriers to Asthma Care

Immigration fears kept families away from care

Community leaders mentioned that undocumented community members may fear deportation or being asked for immigration documents. This fear kept them from seeking care or applying for health insurance. While many said Minnesota felt safer than other states, they still worried that future laws might increase their risk.

Cost makes asthma care feel out of reach

Many participants (especially those without insurance) said they delayed care, rationed medication, or brought medicine from their home countries. One emergency visit could result in large bills that left families in debt and discouraged them from returning. Even those with insurance struggled to afford co-pays, deductibles, and prescriptions.

> *"We have also seen many adults who do not take their treatment and instead go to the Mexican store [a local shop that sells products from Mexico, including over-the-counter medications] to buy their inhaler or something similar. But they are not really under medical care because they are afraid of the cost. They think, 'It's going to be very expensive,' or 'I won't understand because the provider will speak to me in English.' So it becomes complicated." - Community leader*

Families struggle with transportation

Participants without a car or someone to drive them said getting to the doctor or pharmacy was difficult. Some had to travel far and wait months for appointments.

Limited time and work demands

Parents with multiple jobs or strict work schedules often cannot miss work for medical visits.

Language and culture create confusion and silence

According to community leaders, when families have access to health care, patients often agree to care plans they do not understand and later drop out of care. Additionally, many Spanish-speaking participants reported that providers used medical terms that were difficult to understand. Some refrained from asking questions to avoid seeming disrespectful or because they feel intimidated. Cultural values (like respect for authority and fear of being judged) led many to stay quiet during visits.

Families prioritized survival over asthma

When families struggled to pay rent or buy food, they often delayed asthma care. Some only went to the doctor only during a crisis. Others said they did not see asthma as serious unless symptoms became life-threatening. Community leaders said that sometimes caregivers misread the signs or wait for another adult to approve treatment.

> *"There's a general lack of understanding. We weren't taught about these things. We [are] just trying to survive. When your priority is getting food on the table, things like asthma or mental health don't always make the cut unless they're urgent." -Community member living with asthma*

People had different experiences finding asthma information and support

Some said it was easy to get help, while others felt confused or overwhelmed. Many said they left doctor visits without enough information about asthma or where to go for support. People with more education felt more confident asking questions or searching online. Others learned through community events, support groups, or social media, though some worried the advice might not be accurate.

Many participants said they felt lost trying to manage asthma

They struggled to find doctors, make appointments, or get medicine, especially if they were new to the area or country. Some felt confused after diagnosis and said they did not get enough information or follow-up care. Over time, things got easier for some as they learned how the system works. But early on, many felt overwhelmed and alone, with community leaders noting that newcomers often lack nearby support, making it harder to ask for help.

Many families struggle to navigate the health care system

Participants described feeling lost after an asthma diagnosis. Many said no one explained how to manage the condition or what steps to take next. They faced long wait times, confusing referral systems, and frequent provider changes, often having to repeat their medical history at each visit. Because of these barriers, many relied on emergency care, which helped in the moment but did not offer the long-term support needed to manage asthma daily. Even those with insurance struggled to navigate the system, while those without coverage faced added challenges, including concerns about immigration status, cost, transportation, and language barriers.

"When you have a child with asthma and you're desperate, it's really hard. First, just getting an appointment is a challenge. When I called, they scheduled me seven months out, seven months! […] The person who gave me the appointment said that was actually normal (maybe a bit longer than usual) but in general, you're expected to wait three to six months just to be seen." - Community member (Caregiver)

Community Recommendations

Make asthma information easy to access and understandable

Participants asked for clear, bilingual materials that use simple language and visuals. They suggested offering asthma information in schools, churches, clinics, and other trusted places. They also recommended creating quick ways to ask questions in Spanish, such as a phone line or chat tool (like WhatsApp).

"We need plain, digestible language (what we call "folkloric words") not technical terms that leave us thinking, "What does that mean?" - Community member living with asthma

Recognize cultural strengths and community values

Participants said that culture and family play a big role in how they take care of asthma. Families often work as a team, watching for symptoms, helping with medicine, and changing routines to support the person with asthma. People feel more comfortable when doctors speak their language or understand their background. They also said that when one person learns something helpful, they share it with others. This helps more families stay healthy and feel supported.

"Family is number one. We're very collective, we're always trying to support each other within the family. So, once you reach one or two family members, you're actually reaching a whole hub of people with information" - Community member living with asthma

Train providers to offer culturally respectful care

Participants said they felt more supported when providers treated them with kindness, listened closely, and explained things clearly. They asked for care that feels human, not rushed, judged or cold. Providers who understood their cultural values and home remedies built more trust.

"Well, like anyone, I hope they're kind to me. I'd like them to examine me and check how I'm doing with my asthma, to see if I need anything more in-depth. I want them to care about me, about my health. I want my asthma to stay stable, but I also need regular check-ups." - Community member living with asthma

Expand access to services and follow-up support

Participants recommended offering free or low-cost asthma screenings and medicine, especially for uninsured families. They also requested regular check-ins, home visits, and easier ways to get follow-up care. Interpreter support, especially during emergencies, was another top priority.

Work with trusted community groups

Participants asked the Minnesota Department of Health (MDH) to partner with organizations they already trust, such as Centro Tyrone Guzman, Comunidades Latinas Unidas en Servicio (CLUES), Community-University Health Care Center (CUHCC), Urban Ventures, and the Latino Economic Development Center (LEDC) These groups could host asthma talks, train staff, and share resources in ways that feel safe and welcoming. Participants said long-term partnerships work better than one-time events.

Consultants' Recommendations

Lighthouse Global recommends the following actions based on the study findings:

- Tailor asthma education for different age groups. Adults need clear, and reassuring information. Children and families need tools that support early learning.
- Share with community members a template of questions to ask their health care provider.

- Use simple, direct language to show that asthma is a serious issue, even when symptoms are not visible.
- Create a statewide directory of bilingual and bicultural providers so families can find care that fits their needs.
- Train providers to communicate with cultural respect and curiosity, especially when families use home remedies or feel unsure about speaking up.
- Design materials that are culturally relevant and explain why managing asthma over time is important.
- Offer resources in different formats and reading levels to ensure accessibility across educational backgrounds.
- Provide Latine workers with tools to request asthma-friendly job conditions and reduce exposure to asthma triggers.
- Provide providers with trust-building questions they can use with Latine patients to make care feel safer and more respectful.

2. Helpful Asthma Resources for the Community

Lighthouse Global and MDH have built a list of trusted resources to support Latine individuals and families managing asthma. The list below includes tools and services from the Minnesota Department of Health and partner organizations, such as Spanish-language education materials, home-based care programs, prescription assistance, air quality guidance, and low-cost clinic options. These resources are designed to help families improve asthma control, access care, and create healthier living environments.

Asthma action plan

Do you have an asthma action plan? This is a simple written guide you create with your doctor that helps you know what to do every day, when symptoms start, and when to get help. It can make managing asthma easier and help you stay safe.
www.health.state.mn.us/diseases/asthma/professionals/healthcareprofessionals.html

Asthma care at home

Want help managing asthma at home? The Minnesota Department of Health offers Asthma Home-Based Services that include home visits, education, and help reducing asthma triggers. Trained professionals like nurses, asthma educators, and community health workers work with families to improve asthma control and create healthier living spaces. This site also includes a list of other local public health agencies in Minnesota that provide home-based services.
www.health.state.mn.us/diseases/asthma/professionals/home-basedservices.html

Asthma education in Spanish

Need asthma education in Spanish? National Jewish Health offers free educational videos and guides in Spanish on how to use inhalers, manage asthma symptoms, and understand common triggers. These resources are helpful for patients, caregivers, and community health workers.
https://www.nationaljewish.org/conditions?tab=tab-healthwellness

Providers can find tools and guidance to support asthma care, including information on SMART therapy, inhaler techniques, educational handouts in multiple languages, and patient-friendly posters. These resources help improve medication use, self-management, and care quality for diverse communities. www.health.state.mn.us/diseases/asthma/medications/index.html

Asthma management tips

Want to learn how to manage asthma better? The Minnesota Department of Health offers tips on recognizing symptoms, using medicine, avoiding triggers, and building a personal asthma action plan.
www.health.state.mn.us/diseases/asthma/managing/managingyourasthma.html

Asthma medication tools

Looking for tools to support asthma care? The Minnesota Department of Health's Asthma Medications Tools and Resources page offers posters, handouts, videos, and trainings to help families, schools, and providers understand asthma medications and inhaler use. Many materials are available in Spanish, Somali, and other languages.
https://www.health.state.mn.us/diseases/asthma/medications/index.html

Asthma patient support

Newly diagnosed with asthma? The American Lung Association offers a national Patient & Caregiver Network that provides support, education, and tools for people living with asthma and their caregivers.
www.lung.org/help-support/patient-caregiver-network

Asthma triggers in the home

For tips on how to reduce asthma triggers in the home, visit the Minnesota Department of Health's Asthma and the Home Environment page. It includes checklists, videos, and printable guides in English and Spanish.
www.health.state.mn.us/diseases/asthma/managing/triggers.html

Federally qualified health centers

Looking for affordable asthma care? You can find a list of Federally Qualified Health Centers (FQHCs) in Minnesota through the Minnesota Department of Health. These community clinics offer low-cost or free care to people who may not have insurance. They often provide services like checkups, asthma care, mental health support, and dental care.
www.health.state.mn.us/facilities/underserved/healthcenter.html

Home safety for asthma

Want to know how to make your home safer for someone with asthma? The Minnesota Department of Health offers tips and checklists to help reduce asthma triggers like dust, mold, and strong smells.
www.health.state.mn.us/diseases/asthma/homes/index.html

Medical transportation

Need a ride to your medical appointment? If you have Medical Assistance (MA) or MinnesotaCare, you may qualify for free rides through Minnesota's Non-Emergency Medical Transportation (NEMT) program.
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_008991

Outdoor air quality for schools

Wondering how schools and childcare centers can keep kids safe during poor air quality days? Learn more at the Minnesota Outdoor Air Quality Guidance for Schools and Child Care, Minnesota Department of Health.
www.health.state.mn.us/diseases/asthma/schools/outdoorair.html

Prescription assistance

For support with prescription costs, including free or low-cost options for asthma medication, visit Minnesota's Rx Assistance Programs.
www.staterxplans.us/minnesota.html

State air quality information

Want to learn more about air quality and asthma in your community? The Minnesota Pollution Control Agency provides information on current air conditions, the Air Quality Index (AQI), and how air pollution affects health. They also share updates on cleaner transportation, like electric school buses.

http://www.pca.state.mn.us/air

Stay updated on asthma resources

Want to stay updated on asthma news and resources from the Minnesota Department of Health? Sign up for their Asthma Program email updates here by scrolling to the bottom of the page and entering your email.

www.health.state.mn.us/diseases/asthma/index.html

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