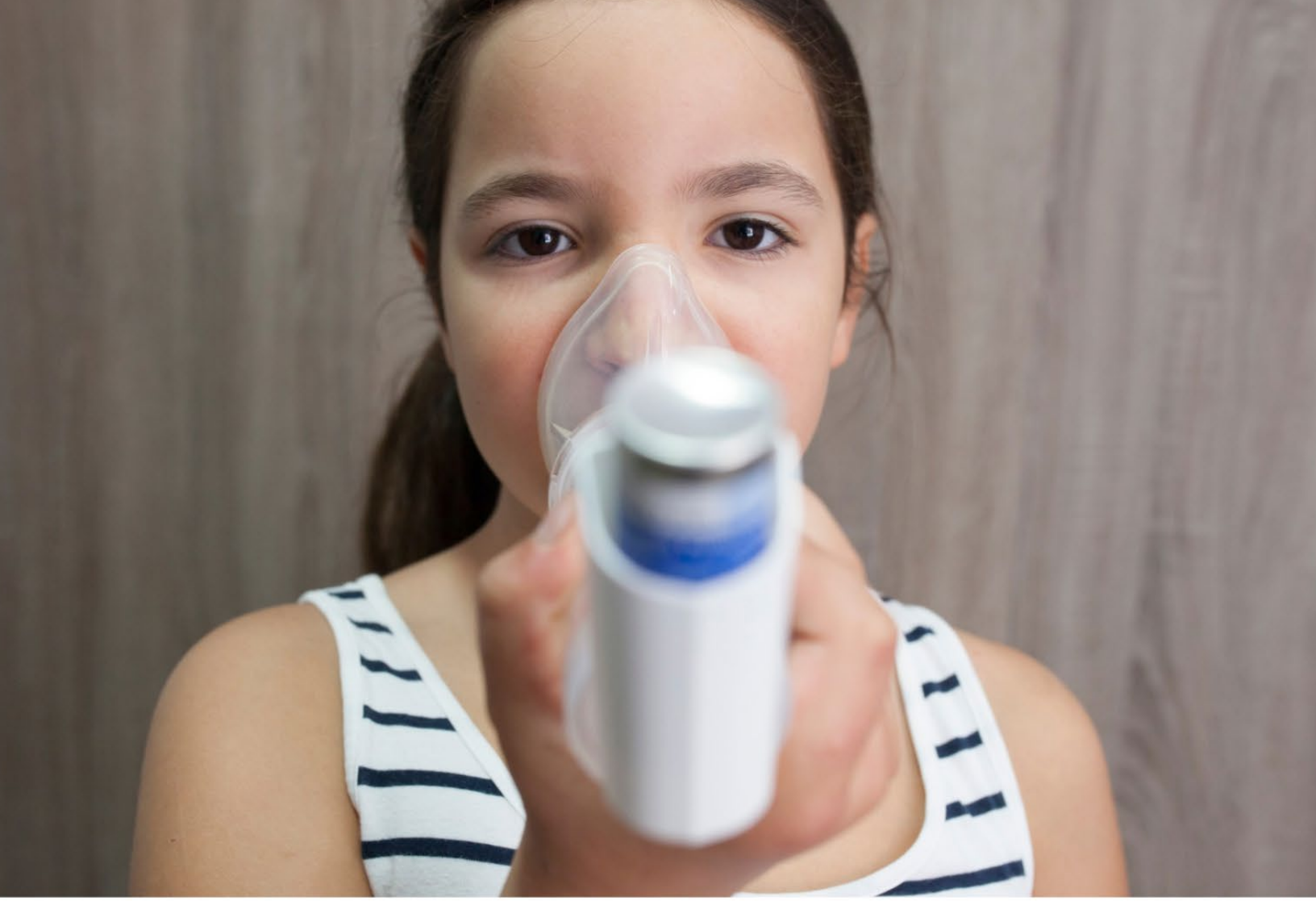

ENGAGING METRO AREA LATINE COMMUNITY AROUND ASTHMA

June 2025

DEPARTMENT OF HEALTH

In partnership with:

Lighthouse Global.

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AQI

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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.

Community Asthma Resources

In the full report, Lighthouse Global and MDH have built a list of trusted resources to support Latine individuals and families managing asthma. The list 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.

2. Introduction

Asthma is a long-term condition, and in 2021 was the third most diagnosed chronic disease in Minnesota.[1] Asthma affects a significant portion of Minnesota's population, with 6.3% of children and 9.9% of adults currently diagnosed, approximately 516,200 people statewide. The prevalence among adults has steadily increased over time.

Asthma disparities are shaped by structural and social determinants of health, including racism, education, housing, health care access, and income. Children identifying as Pacific Islander, African American, American Indian, or Puerto Rican report the highest asthma diagnosis rates, up to 25% among Puerto Rican students. Among adults, multi-racial individuals have significantly higher diagnosis rates.

Geographic disparities are also stark. In 2021, children in the seven-county metropolitan area had 60% higher emergency visit rates and over 140% higher hospitalization rates for asthma compared to Greater Minnesota. In Minneapolis zip codes, child asthma emergency visit rates reached 220 per 10,000, far above the state average of 37 per 10,000.[2]

These challenges are even greater for families who are uninsured, undocumented, or juggling multiple responsibilities. Despite the impact asthma has on daily life, it is often misunderstood or overlooked in Latine community.

The purpose of this study was to understand better how Latine individuals and families experience asthma and what prevents them from accessing effective, ongoing care. It also aimed to highlight community strengths, gather practical insights, and provide recommendations to inform the design of asthma outreach, education, and services. From May 5th to May 23rd, 2025, Lighthouse Global conducted 20 interviews in Spanish, English, and Spanglish with individuals who either had asthma themselves, cared for a family member with asthma, or were part of an organization working with the Latine community. The team used a collaborative and culturally responsive approach to collect and analyze the data and held a findings session with MDH to validate the results and co-develop next steps.

This report reflects community voices and offers direction for building more accessible, inclusive, and supportive asthma programs across Minnesota. It also includes participants and

[1] Minnesota Department of Health, *Asthma in Minnesota: A Strategic Framework 2021–2030* (Saint Paul: Minnesota Department of Health, January 2022), accessed June 24, 2025, https://www.health.state.mn.us/diseases/asthma/about/documents/mnasthmaframework.pdf

[2] Minnesota Department of Health. "Asthma Data." *Minnesota Department of Health*, last updated March 4, 2024. https://www.health.state.mn.us/diseases/asthma/data/index.html.

consultant recommendations for how MDH and its partners can improve asthma education, expand care access, and strengthen trust with Latine families.

This document contains ten sections. **Methodology** (section 3) describes the research design, data collection process, and limitations. **Understanding asthma** (section 4) explores how participants understand asthma, its daily impact, symptom triggers, and how families respond to flare-ups. **Barriers to clinical asthma care** (section 5) outlines major challenges, including language barriers, high costs, transportation difficulties, immigration fears, and lack of follow-up. **Managing asthma outside the clinic** (section 6) highlights how families use medication, home remedies, and personal networks to manage care.

Communication gaps and relationship building (section 7) explains how rushed visits, cultural norms, and limited provider engagement leave many Latine community members feeling unheard or unsure during asthma care. It also explores how cultural values shape care-seeking behavior and how improving provider-patient communication could build stronger trust. **Community recommendations** (section 8) shares ideas from participants to improve asthma education, increase cultural respect, and strengthen partnerships with trusted groups. **Consultants' recommendations** (section 9) offer additional suggestions from Lighthouse Global to help the Minnesota Department of Health tailor materials, support advocacy, train providers, and expand trusted care networks. **Helpful asthma resources for the community** (section 10) provides a list of trusted programs and tools recommended to support Latine families in managing asthma and accessing care.

3. Methodology

Study purpose

The Minnesota Department of Health (MDH) Asthma Program asked Lighthouse Global to lead a community-based study to better understand how Latine individuals and families experience and manage asthma in the Twin Cities metro area. MDH wanted to learn what prevents families from accessing effective asthma care, what community-based strategies already exist, and how the Asthma Program could better align with community needs. This research focused on lifting community voices to inform future asthma outreach, education, and service design.

Recruitment and compensation

Our outreach strategy began with a localized, in-person approach focused on culturally responsive engagement. We distributed flyers at community hubs, visited local businesses, and partnered with grassroots organizations to recruit participants through trusted networks. We also used snowball sampling by encouraging participants to refer others. This layered strategy helped us build trust and meet our recruitment goals. Additionally, Lighthouse Global compensated participants with a gift card for their time.

Participant overview [3]

Participants brought a range of experiences as patients, caregivers, and community leaders. Lighthouse Global interviewed 20 individuals between May 5 and May 23, 2025. All participants were members of the Latine community in the Twin Cities metro area. About 80 percent either had asthma themselves or cared for a family member with asthma. The rest were staff or volunteers from community-based organizations. In this report, we refer to them as community leaders. Many participants fit into more than one category. Some were both caregivers and patients. Others were caregivers and worked as community leaders.

Participants came from a few Latin American countries. They spoke Spanish, English, or Spanglish. About 60 percent of the interviews were conducted in Spanish, and 40 percent in English or Spanglish. Participants had different immigration statuses and worked in a variety of jobs, including cleaning, childcare, health care, and nonprofit services. They shared both personal and community-level experiences.

[3] We did not ask participants directly about their age, gender, immigration status, country of origin, or length of time in Minnesota or the U.S. To ease concerns and build trust in a politically sensitive environment, demographic information included in this report is based only on what participants voluntarily shared during the interviews.

Data analysis

Lighthouse Global followed an inductive and then deductive qualitative data analysis approach. We first created a coding structure aligned with the project's research questions. The team refined the structure through collaborative discussion and applied it to the data using MAXQDA (a mixed methods analysis software). To protect the complexity and nuance of people's stories, the team chose not to quantify qualitative data with exact counts. Instead, we use terms like "few," "some," and "many" to describe the number of participants who mentioned a theme (see Table *1*) for the definitions of participant mentions.

Table 1: Range of participants' mentions

Term	Approximate Range (out of 20 participants)
Few	1–3 participants
Some	4–7 participants
Many	8 or more participants

Validation and feedback

After analyzing the interviews, Lighthouse Global hosted an emerging findings workshop with the MDH Asthma Program team. During this session, the group reviewed key themes and identified opportunities for action. MDH staff offered valuable feedback, asked clarifying questions, and proposed the next steps.

Quote translation and modification

Lighthouse Global translated quotes from Spanish to English when needed and made light edits to all quotes to improve clarity and readability while focusing on keeping the speaker's original meaning. When the team made changes (such as combining repeated ideas, fixing grammar, or removing filler words) we added a note to explain what was adjusted.

Limitations

- **Limited representation of the Latine community: This** study does not capture the full diversity of Minnesota's Latine community. Most participants identified as Mexican or Colombian. Since no Brazilian or Haitian individuals participated, we did not need to offer Portuguese or French language support.
- **Urban-centered participant pool:** We focused recruitment in the Twin Cities metro area. As a result, we did not include the voices of Latines living in rural areas of the state.
- **Potential for self-selection bias:** We recruited participants through trusted community networks, which may have led to self-selection bias. People who were more connected

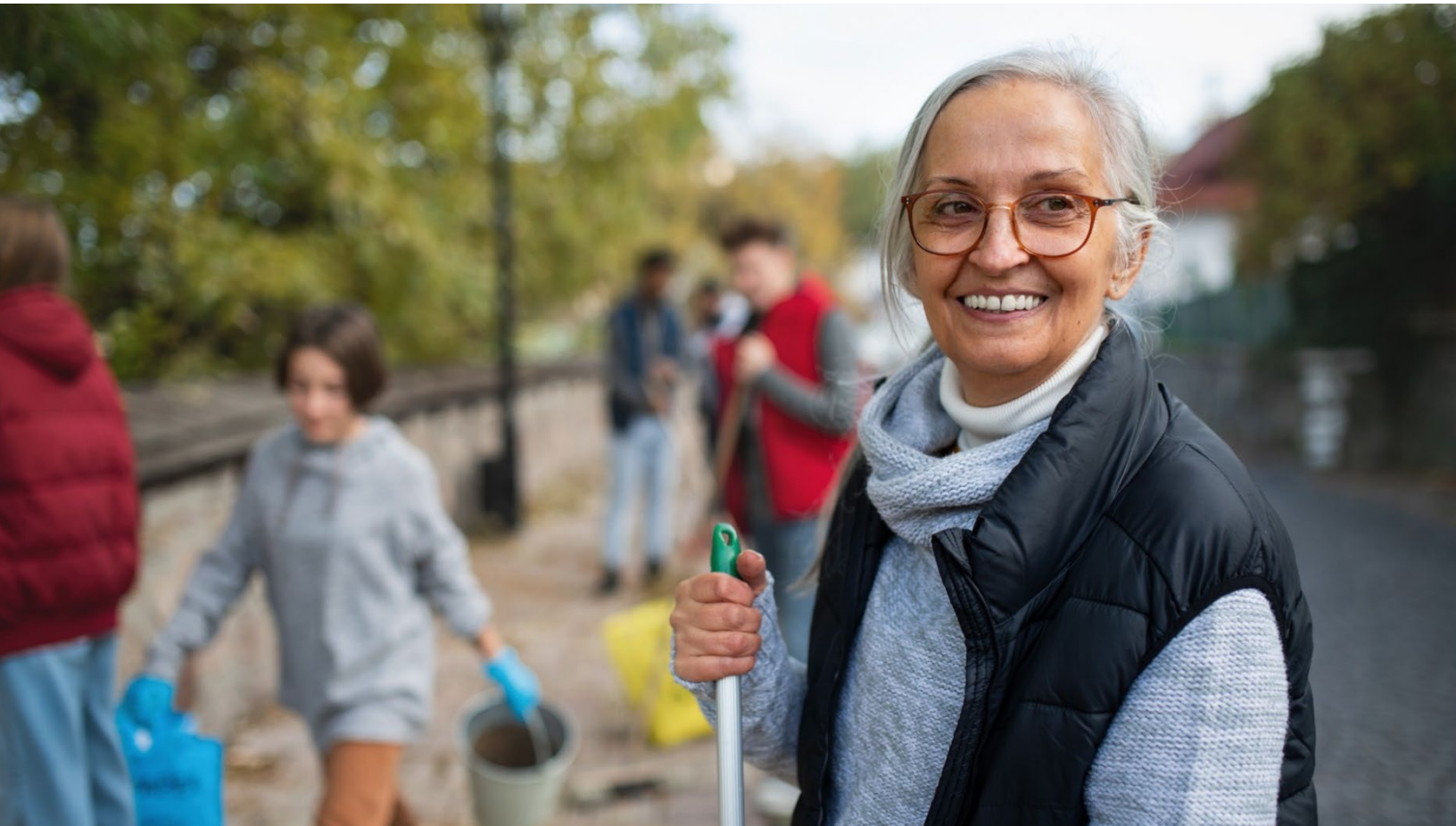
or more comfortable sharing their stories were more likely to participate. Some individuals with greater barriers or more negative experiences may not have been included.

- **Lack of youth perspectives:** We focused our conversations on adults, especially caregivers and community members. We did not gather direct input from youth or teens living with asthma.
- **Time constraints:** The short project timeline limited how many people we could reach and how deeply we could follow up on emerging themes.

Future considerations

Future research should include asking participants about their asthma action plans, if they know it, if they follow it, expanding the reach to Latine communities, extending outreach to rural areas, and gathering youth perspectives to build a more complete picture of asthma experiences in Minnesota.

What follows is a summary of the themes that emerged from these conversations.



4. Understanding asthma

Asthma shapes how people live and feel

Asthma is difficult to understand, and causes strong emotional responses
Because asthma is not always visible or discussed, people said it is hard to understand or take seriously. This can make it harder to manage or support someone with asthma. The MDH asthma team said this happens in many communities. Since symptoms are not always easy to see, individuals may not realize how serious it is.

Some participants said they did not always know what an asthma attack looked like. Many thought it only caused trouble breathing. Others were surprised to learn that asthma can also cause tiredness, chest pain, or back pain.

Several participants believed asthma runs in families. They shared stories about parents, children, or grandparents with asthma. Some said they thought it might be linked to allergies or passed down through family genes.[4] Research indicates that both genetic and environmental factors contribute to the development of asthma. Having family members with asthma can increase risk, but factors like air pollution, smoking, and allergens also play a role in triggering or worsening symptoms.

Participants said asthma can be confusing and scary. It affects how people see themselves and their families. Some felt more fragile as a result, while others took pride in how they had learned to manage it. People with asthma since childhood often said they knew how to manage it early. They could sense when symptoms were approaching and carried medicine with them. Others were diagnosed later in life and shared that it felt confusing or scary at first.

Many caregivers reported feeling tired and overwhelmed frequently. Parents described the stress of watching their children struggle to breathe. They used baby monitors or oxygen monitors at night and planned their days around medications or avoided certain activities to reduce risk.

> *"It meant fear, anguish… because those moments were really distressing for the whole family." - Community member (caregiver)*

[4] Polyxeni Ntontsi et al., "Genetics and Epigenetics in Asthma," International Journal of Molecular Sciences 22, no. 5 (2021): 2412, https://doi.org/10.3390/ijms22052412

"I think asthma is a condition that affects the lungs, where sometimes you need extra support to breathe. There are triggers that can cause asthma attacks or make it hard to breathe, that's how I understand it." - Community member living with asthma

Living with asthma affects daily routines, choices, and identity

Participants said asthma affects their daily lives in many ways. It changes what they can do, where they go, and how they take care of themselves or their families. People had different symptoms. Some had mild asthma and used rest or an inhaler to feel better. Others had strong attacks that sent them to the emergency room. A few said they or their children had asthma attacks every week or month. These attacks made it hard to go to school, work, or take care of family. Some participants said their asthma got better after using medicine every day and staying away from things like smoke, dust, or cold air. They felt more confident and thankful to breathe more easily.

Asthma also changed how people spent their time. Some had to stop doing things they loved, like dancing or playing outside. A few said they do not go out alone anymore because they fear having an asthma attack. Some gave up their pets or avoided animals to prevent allergic reactions and said that staying away from cats and dogs was one of the hardest parts of living with asthma.

Asthma also changed how people see themselves and their families. Some adults felt more limited or weak. Parents said they were proud when their children learned how to manage asthma. But they also said they feel worried all the time about their children's health.

"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

"We've learned as a family that part of our routine is always carrying inhalers, checking that he takes his medication. Now that he's a little older, we have to remind him more often, especially at night, to take his medication to keep it under control and prevent crises." - Community member (caregiver)

Without a personal connection, asthma is easier to overlook

Many participants said that without a personal connection, it is easy to overlook how serious asthma can be. Most caregivers mentioned they only began to understand asthma when someone close to them was diagnosed. Many had not heard much about it before.

Participants also said that asthma is not discussed as openly as other health issues. They often see messages about diabetes or cancer, but not about asthma, so many people do not know how to help during an attack.

According to them, asthma feels invisible unless someone is having an attack. A few had only seen it in movies or on TV before a family member was diagnosed, and said the way it is shown adds stigma and makes it harder for the community to understand or manage it.

> *"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. Do I think people in my country know how to respond? No, I don't think so either. I think, in general, very few people know how to manage an asthma attack. Maybe there needs to be more education, more awareness. Maybe campaigns to inform people." - Community member living with asthma*

Common triggers

Asthma triggers are environmental factors, actions, or conditions that can worsen asthma symptoms and potentially lead to sudden flare-ups or asthma attacks. These triggers often include things like respiratory infections, allergens (such as pollen or pet dander), irritants (like smoke or air pollution), physical activity, or even strong emotions.[5]

Below are the most common asthma triggers participants mentioned, starting with the ones people named the most. People said it is hard to know when a trigger will happen, which makes asthma harder to control.

Weather and air changes. Cold air, dust, and spring pollen made it harder to breathe and caused coughing or asthma attacks. Some participants with asthma also noticed that hormonal changes, like during puberty or their period, made symptoms worse.

Emotions. People said stress, fear, or even laughing too hard sometimes led to chest tightness or shortness of breath.

[5] American Lung Association, "Reduce Asthma Triggers," *American Lung Association*, accessed June 24, 2025, https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/managing-asthma/reduce-asthma-triggers.

Getting sick made asthma harder to control. Colds, the flu, and other illnesses led to more symptoms and, for some, emergency visits. A few people shared that their asthma started or got worse after having COVID-19.

Exercise. Running, fast walking, or playing sports caused coughing or tiredness for some.

Others said certain **foods, strong smells, or cleaning products** made them feel tight in the chest. Examples included spicy food, wine, or chemical cleaners.

Finally, some participants said **missing their asthma medicine** led to more frequent attacks. They felt better and more in control when they took their medicine regularly.

> *"The weather, spring affects me the most. And when it's super, super dry, that makes it worse too." - Community member living with asthma*

> *"Yes, me. I was diagnosed when I got my first period. All the hormonal changes seemed to trigger it." - Community member living with asthma*

Housing conditions

Participants and community leaders explained that where a family lives affects how well they can manage asthma. This matches research showing that poor housing is a main reason asthma is worse in low-income and minority communities.[6] Many Latine and other underrepresented families live in places with mold, dampness, poor air flow, or broken heating, conditions that make asthma worse, especially for children.

Community leaders shared that many Latine families rent mobile homes, basements, shared houses, or old apartments. These homes often have problems like no windows, broken heating or cooling, and dust or mold. Landlords often fail to fix these issues, especially when families do not have a formal lease. This is common for undocumented families, who may fear asking for repairs. Some landlords take advantage, knowing families have few choices.

Even when families try to improve their living conditions, they face barriers. Families want safer homes but often do not know where to get help. Some look for homes without carpet or with better air quality. Others wish for help with getting good air filters, especially when renting or buying a house, or checking for mold, but are unsure where or who to ask.

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[6] Bryant-Stephens, Tyra C., Douglas Strane, Elizabeth K. Robinson, Sanya Bhambhani, and Chén C. Kenyon. "Housing and Asthma Disparities." Journal of Allergy and Clinical Immunology 149, no. 2 (2022): 587–593. https://doi.org/10.1016/j.jaci.2021.09.023

"Housing conditions affect families 100%. Most people in our community rent, and many live in basements, not because they want to, but because it's what they can afford. These spaces often have no windows, poor ventilation, and high humidity, which is terrible for kids with asthma. We see a lot of families living in shared homes or places where the air conditioner or heat does not work. But without a lease, there's not much we can do." - Community leader

Neighborhood pollution

Participants shared that the neighborhoods where families live affect how well they can manage asthma. Many Latine families live in areas with poor air quality, which makes it harder to breathe and causes more asthma symptoms.

Some families live near factories, roads under construction, or areas with heavy traffic. These places often have dust, smoke, and other pollutants in the air that can trigger asthma attacks.[7] Participants also said that exhaust from buses and cars made them cough or feel tightness in their chest.

"What type of factories are around, how far away they are, or how developed the roads are. For example, if it's a road that they're still working on, it affects their breathing."- Community leader

"Looking back now, I think it might've been because I lived in a place with a lot of dust and pollen from plants and flowers." - Community member living with asthma

People manage asthma differently, based on symptoms, beliefs, and access

Participants shared that managing asthma looks different for everyone. Some act fast when symptoms start, while others wait and try to calm their body first. How and when people use their asthma medications depends on how they feel, what they have access to, and what they believe about medicine.

Participants shared how they recognize asthma symptoms and respond when they begin. Over time, many have learned to spot early signs and take steps to stay safe. When they feel chest

[7] For example, families in East Phillips live near Smith Foundry, a polluting facility cited for Clean Air Act violations that may worsen asthma. Andrew Hazzard, "Smith Foundry Seeks New Permit to Continue Operations as State Scrambles to Address Public Outrage over Pollution," *Sahan Journal*, November 21, 2023, https://sahanjournal.com/climate-environment/smith-foundry-polluted-east-phillips-neighborhood-minneapolis/

tightness or start wheezing, they often pause, sit down, breathe slowly, and try to relax. Some drink water or find a quiet place to calm down, while others use their inhaler immediately.

Most participants used some type of asthma medication. Some used it every day as part of a routine. Others only used it during flare-ups. People used inhalers like Albuterol for quick relief when they felt breathless or tight-chested. Those with daily controller medications, like Symbicort or Flovent, followed a set **asthma action plan**[8] (a guide made with your doctor that shows what medicine to take every day, what to do when symptoms get worse, and when to get help) often taking two puffs in the morning and two at night. This helped them stay stable and avoid serious attacks.

A few took daily pills, like Montelukast, especially when allergies were a trigger. Some used both pills and inhalers. Others skipped their meds if they felt okay and only used them when symptoms started. This "as-needed" approach was more common among those with mild asthma.

Not everyone was confident about how to use their medication. A few were unsure how many puffs to take or what their inhaler was for. Some followed what felt right instead of following a provider's plan. Others changed how often they used medicine depending on their symptoms, using more when they felt sick and skipping doses when they felt fine.

Some caregivers shared that their children were learning to manage asthma on their own. Kids knew where to find their medicine and how to use it when needed. This gave parents peace of mind, especially when they could not be nearby.

A few participants also said they avoid using inhalers in front of others. They worry about being judged or looking weak. Others said they hesitate to use medication often because of cost or a belief that medicine is not always good for the body. This shows that culture, beliefs, and access all shape how people manage asthma.

> *"I stop, try to breathe, and avoid using my emergency inhaler unless it's really necessary." - Community member*

> *"Albuterol always works for me. I haven't had to go to the hospital since I started using it." - Community member living with asthma*

[8] 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. To learn more and find sample plans, visit: https://www.health.state.mn.us/diseases/asthma/professionals/healthcareprofessionals.html

"To be honest, there were times when I was taking less medication than prescribed, mainly because I felt fine. I also do not like feeling overmedicated. There's a part of me that questions whether I'm using medicine because I really need it or just because the pharmaceutical industry pushes for more consumption. I think this mindset comes partly from my culture and my own mistrust of how medicine is marketed in the U.S." - Community member living with asthma

"If I feel fine, I don't use it, it's just for emergencies." - Community member living with asthma

Participants take measures to prevent asthma attacks

Many families and individuals shared what they adapted to keep asthma from getting worse. They made changes at home, adjusted routines, and avoided things that could trigger symptoms.

- **Cleaning more often and using air purifiers to reduce dust and allergens**. Many said that regular cleaning, especially of carpets, bedding, and soft toys, helped reduce asthma symptoms. Some also placed air purifiers in bedrooms or living spaces to keep the air cleaner.
- **Some used humidifiers or steam to help with dry air and breathing**. Dry indoor air made it harder to breathe for some participants, especially during winter. They used humidifiers to add moisture or gave steam showers to their kids to help open airways and ease coughing.
- **Avoiding strong smells, harsh cleaners, or pets that made symptoms worse**. Some participants mentioned removing products with strong scents such as bleach, air fresheners, or perfumes.
- **Keeping pets out of bedrooms or choosing not to have animals at home to avoid flare-ups.** The pets they mentioned included dogs and cats.
- **Dietary changes.** Many made changes to food, eating less processed food and more fruits and vegetables. Several families cut back on sugary drinks and packaged snacks and added more fresh fruits, vegetables, and water to their diets. They felt these changes helped reduce the frequency of asthma episodes.
- **Avoiding triggers.** Such as cold air, mold, or emotional stress. Some participants shared that cold weather and moldy areas made symptoms worse. Others talked about how stress or big emotions triggered asthma and said that learning to stay calm helped prevent attacks.

- **Others said education from providers helped them understand how to prevent attacks**.
  Not everyone knew about prevention at first, but many said learning helped them feel more in control. Some families focused only on medication in the beginning. Over time, they learned that making changes in the home and daily habits also made a big difference in managing asthma.

  "We made a lot of changes, cleaning more, changing her diet, using air filters. It really helped." - Community member (caregiver)

  "They told us not to keep too many stuffed animals in the room and to keep it dust-free. That helped a lot." - Community member (caregiver)

5. Barriers to clinical asthma care

Immigration fears keep people from seeking asthma care

Some community members said that fear of deportation and their immigration status made it harder to get help. Undocumented individuals were afraid to visit clinics or apply for health insurance, as health care feels risky to them. Without papers, families often do not apply for insurance or visit the doctor unless it is an emergency. Some worried about being asked for documents or being treated badly. These fears made it harder to manage asthma or get care early.

Additionally, parents feel stuck when children are not born in the U.S. When children are not U.S. citizens, families are unsure how to get them help and feel scared about what might happen if they try.

On the other hand, Minnesota feels safer than other states. A few participants said they were treated well in Minnesota, but worried that new laws might change that in the future.

> *"Now that she's here [in the U.S.], she doesn't have insurance or documentation. So anytime she goes to get health care, it's not about prevention, it's because there's already a problem. It's always, 'I have an issue, I need help [now].'" - Community member living with asthma*

> *"I was never asked about my immigration status and always got care without judgment. That feels unique to this state. But new policies might change that, forcing people to share their status before getting help. That will scare many away, especially with all the other barriers they already face." - Community leader*

High costs make asthma care hard

Some participants said asthma care in the U.S. is very expensive, especially without health insurance. Many people discussed how difficult it is to afford doctor visits, tests, and medication. A few said they bring medicine from their home countries because it costs less there.

Some people mentioned asthma tests and treatments can cost thousands of dollars every year. Even one emergency room visit, or ambulance ride can lead to large bills. These surprise costs cause stress and debt for families.

Having health insurance helps, but it does not solve everything. Some participants said it made it easier to see a doctor and get medicine, but others with jobs and insurance still struggled to afford co-pays and high deductibles. For many, asthma care feels out of reach, especially when families are focused on paying rent or buying food. Health often takes a back seat, and asthma care is delayed until symptoms become serious.

> *"Even with treatment, I haven't found anything that works 100% for me. And on top of that, treatments [in the U.S.] are super expensive. Doctors want me to come in every year so they can keep prescribing the medication. They want me to redo all the tests every time. And here, just getting those tests done can cost over $2,000. So, imagine, $2,000 for the tests, plus the monthly treatment costs. It's just too much. Luckily, I'm able to travel to Mexico once a year, so I buy my treatment there and bring it back with me." - Community member living with asthma*

> *"That ER visit ended up costing me $8,000. Even with good health insurance through my nonprofit job, I have an out-of-pocket maximum of $5,000. I had to pay that full amount, and I'm still making monthly payments. It's too much money, even for those of us with good jobs." - Community member living with asthma*

The Minnesota Department of Health's Health Economics Program estimated, from 2012 data, that Asthma in Minnesota carries a significant economic burden among all demographics, with direct health care costs, including emergency visits, hospitalizations, doctor appointments, and medications, estimated at $11,700 per person annually and totaling $6.7 billion statewide. However, this only represents part of the overall impact. Indirect costs, such as missed work and school due to uncontrolled asthma, add substantially to the burden. In 2014, asthma led to $54.3 million in lost workdays, and it remains a leading cause of school absenteeism nationwide. In Minnesota, 33.3% of children with asthma missed at least one school day due to the condition in 2017, highlighting how asthma affects both economic productivity and quality of life.[9]

Participants either learned to ignore minor health issues or did not grow up with an emphasis on preventive care

Some people said they only go to the doctor when they feel very sick. If symptoms like coughing or tiredness were not too bad, they did not think asthma was the cause. Pain from other

[9] Minnesota Department of Health, *Asthma in Minnesota: A Strategic Framework 2021–2030* (St. Paul: Minnesota Department of Health, January 2022), accessed June 24, 2025, https://www.health.state.mn.us/diseases/asthma/about/documents/mnasthmaframework.pdf

conditions also got more attention. A few said they had to choose between buying asthma medicine or paying for food or bills.

> *"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*

> *"They taught me that unless you're, to put it mildly, dying, you do not go to the doctor or seek care." - Community member living with asthma*

Transportation problems make asthma care harder to reach

Many participants said limited access to transportation made it difficult to attend appointments, pick up medication, or seek help during emergencies. Some participants live far away from clinics, and appointments were only available to them after months of waiting. Additionally, individuals without cars said they had no way to get to the doctor. According to a community leader some also did not know their insurance could help with transportation.

> *"At that time, I lived in downtown Saint Paul, so it was easy to access care. But now I live farther away, and it's more complicated, especially when it comes to emergency services." - Community member living with asthma*

Work schedules leave little room for asthma care

Some community leaders mentioned community members' jobs make it hard to manage asthma. Many parents work long hours or more than one job to support their families. They often feel tired, stressed, and unable to take care of their own health, let alone someone else's.

Some community groups are helping families connect with resources that make it easier to care for their health, even with limited time and money. Still, for families focused on meeting basic needs, asthma care often takes a back seat, not because they do not care, but because time and energy are scarce.

> *"Her dad works hourly and had already used up all his time off. And my sister is a teacher, so it was not easy to leave work either. It got to the point where no one had any time left to take their child to the doctor. That was hard for them. They were very stressed." - Community member living with asthma*

Parents may delay asthma care for different reasons

Community leaders shared that some parents, due to fear, lack of money, or information, delay getting asthma care for their children. This may happen because they do not see the signs as serious, do not know enough about asthma, or want to check with another caregiver before acting.

Some parents think a child's coughing or trouble breathing is just a cold and will go away. Others, especially those from rural areas in their country of origin or with less health knowledge, may not recognize early signs of asthma.

Additionally, caregivers respond in different ways. Some act fast, while others wait because they are unsure, do not have insurance, or need to speak with their spouse first. One parent shared they thought their child was joking, not knowing the symptoms were real.

> *"Yes, some of them know, depending on where they come from and their background. If the person has a bit more knowledge, they tend to be more aware. But some families come from rural areas and simply do not know. So, they say, 'Oh, it's fine, it's nothing,' and they keep postponing care, 'Nothing's wrong with the child.' Meanwhile, the child keeps having recurring colds and breathing issues." - Community leader*

Language and culture mismatches make asthma care harder

Participants shared that language barriers and cultural differences can make it harder to get good asthma care. People who do not speak English well often struggle to ask questions, understand treatment instructions, or feel confident during appointments.

Many said there are not enough Spanish-speaking providers or translated materials. Some had trouble calling clinics, filling out forms, or understanding how to use their asthma medicine. Without support in their language, they often left appointments feeling confused or unsure.

Some participants said they were not given an interpreter. Others said the interpreter used hard words or did not explain things clearly. This made it difficult to follow the care plan or ask for help.

Community leaders added that some people feel embarrassed or left out when they cannot understand what is being said. This can cause them to avoid going to the doctor or stay quiet during visits, even when they need help.

Cultural misunderstandings also made care harder. A few participants said doctors dismissed questions about home remedies or natural medicine. Others felt rushed during appointments and said their concerns were not heard. These experiences made it harder to trust the provider and feel supported.

> *“Maybe if they better understood our process, like not everyone speaks English. We had to struggle with getting interpreters. Sometimes they’d take too long. When you get an interpreter over the phone, you lose time, especially when your child is suffering.” - Community member (caregiver)*

People have different experiences finding asthma information and support

Community members shared different experiences when looking for asthma care and information. Some said it was easy to get help, but others had a harder time. Many said that even after visiting a doctor, they did not get much information about asthma or where to go for support. People with more education felt more confident searching online or asking their doctor questions. Others learned from community events or support groups. Some parents used Facebook, though they were unsure if the advice was always correct. Some had not looked for information or did not know where to find it nearby.

> *"I'm part of a parents' group for kids with asthma. I wouldn’t say I fully trust everything that's shared (every child is different) but I do think a lot of the parents are really knowledgeable, since they’ve gone through similar experiences. They’re great for support and for those small questions where you’re just not sure what to do. It’s a Facebook group, and I believe it’s mostly U.S.-based." - Community member caregiver*

> *"Well, I’d say [the doctor] used the appointment to talk about asthma, but if I wanted to know more [like about asthma itself or support groups] I really wouldn’t know where to start.” - Community member living with asthma*

Many participants feel lost navigating asthma care, especially without support

Participants said it can be hard to manage asthma when they do not understand the health care system or have anyone to help. Some did not know how to find doctors, make appointments, or get medicine. Others felt confused after being diagnosed and said they did not get enough information or follow-up care.

Over time, some people said things got easier once they learned how the system works. They felt less stress when they knew how to get care, find clinics, and use insurance. But many still felt overwhelmed at first, especially if they were new to the country or area. Community

leaders' responses also resonate with these newcomers often feeling alone, which makes it harder to ask for help. Not knowing anyone nearby or where to go adds stress and fear during a time when support is needed most.

> *"When you understand the [health care] system here, how it works, it is easier, but at first it was difficult, I did not know how to, who to call, but now it is easier because I already know." - Community member living with asthma*

> *"These are some of the biggest challenges families face: arriving here, not knowing anyone, not knowing what to do or where to go. That isolation leads to stress and fear." - Community member living with asthma*

Policies and systems make asthma harder to manage

Many Latine community members experience delays, confusion, and added stress when trying to manage asthma. Navigating clinic systems, understanding insurance coverage, and getting referrals to specialists (especially pulmonologist) are common challenges, particularly for those without insurance or with limited time and transportation. Some families shared that even doctors were uncertain about referral rules, and being turned away meant restarting the process. Long wait times and a shortage of pulmonologists in certain areas made timely care even harder to get. A few said emergency rooms did not help much and did not know how to treat asthma well. In some areas, there were not enough doctors, so people had to wait a long time.

> *"I'm not talking about insurance, only about the health service, it's a headache to be able to navigate and find what you really need and then deal with the insurance is another world because you don't know if the insurance covers you or doesn't cover you, many times the doctors don't have that information either that I'm going to give you the referral but I don't know if your insurance will cover you, so I had to say it doesn't matter" - Community leader*

Finding the right provider can take time and effort

Many participants said it took a long time to find a doctor who listened and gave good asthma care. Some had to visit several clinics before they got the right diagnosis. They often had to repeat their symptoms over and over to be taken seriously. When doctors changed often, it was hard to follow a care plan or feel sure about the treatment. Caregivers said they had to explain things between different specialists, which felt confusing and stressful. Some participants felt ignored during appointments and left unsure of what to do next. Insurance changes made things worse by forcing people to switch providers and start over again.

"Well, in my case, it was not a limitation of language or access, but I did have many obstacles, many barriers at the time of being able to get the right person to diagnose me, not only with asthma, but with allergies, but with other health problems, so I practically had to tell the doctor because I don't know if all doctors are like that or the general health service in the United States" - Community leader

Preventive vs. emergency care bias

Participants shared that it is easier to get emergency care than regular help for asthma. Many said they waited months just to see a specialist. One parent said they had to wait seven months to get their child in for a pulmonology visit. Others felt their concerns were not taken seriously. If a child did not look sick, doctors sometimes brushed off the symptoms. Because of long wait times and not feeling heard, people often ended up going to the emergency room. While that helped at the moment, it did not give them the support they needed to manage asthma every day.

"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! I get it, I know the pandemic affected people's lungs and clinics were overwhelmed, but still. 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)

6. Managing asthma outside the clinic

Access to asthma medicine varies by insurance, location, and support

Many participants said they can get their medicine without problems, especially if they have insurance, a nearby pharmacy, or a provider who helps. Some shared that their pharmacy finds discounts or delivers medicine to their home, which makes things easier.

Others said it is not always smooth. They talked about long waiting times, mix-ups, or trouble getting the exact device they need. A few people rely on medicine from their home countries because it is cheaper or easier to get. Some also said it is harder to get a prescription in the U.S. compared to their home country.

> *“Easy. They're prescribed, and the pharmacy is nearby. Plus, I get a discount.” - Community member living with asthma*

> *“Not always. Sometimes they run out. I’ve learned to plan ahead, when there are about ten doses left, I reorder. Sometimes I ask two or three weeks in advance. Budesonide is especially hard to find. Albuterol is easier." - Community member living with asthma*

> *"Here, it’s so complicated, you have to call the pharmacy, wait for the doctor to approve a prescription, and it takes days. That’s really stressful when you need an inhaler now. In Colombia, I could walk into a pharmacy and buy one immediately.” - Community member living with asthma*

Most rely on western medicine, but some use traditional medicines, too

Most participants said they trust inhalers and other treatments from their doctors because they work fast and feel safe. Some said medicine was the only option given at diagnosis, so they never thought about trying home remedies.

However, some families still use natural remedies passed down through generations. People often use them along with their medicine, not instead of it. They believe these remedies help calm the lungs, reduce swelling, and support healing.

Common practices include boiling herbs like eucalyptus, bay leaf, onion, and mint to make teas. Others use steam from hot showers or pots to breathe easier. Some apply warm onions or rubs like Vicks to the chest. A few use garlic, panela (a type of natural, unrefined sugar made from boiling and drying sugarcane juice) with ginger, or apple cider vinegar. Many of these traditions come from family members and are part of Latino culture. Some studies show that natural

products can help with asthma when used along with regular treatment. [10] These remedies may help reduce swelling and support the immune system, and they often have fewer side effects than regular medicines. Because people have used them for a long time, they may be a helpful extra tool for managing asthma. Some mentioned using humidifiers to make the air less dry, especially in winter.

> *"That's the thing, maybe others do, but no, I haven't taken any home remedies. I haven't tried anything like that." - Community member living with asthma*

> *"In winter, I boil eucalyptus leaves as a kind of humidifier. I asked the doctor if it was okay because I saw it on TikTok, and he said yes, it helps in dry winter air. So, I use humidifiers, especially in his room and play area. I also like to create steam in the bathroom before he showers, like a mini vapor treatment." - Community member living with asthma*

> *"My mom made home remedies. For example, she would fry onions in oil until they were golden, and she would place them on my back and chest to help me breathe better. She also made teas." - Community member living with asthma*

Lack of follow-up leaves people without ongoing support

Many participants shared that after getting asthma medicine or help during a crisis, they were not offered regular check-ins or support. Some said they were given inhalers in the emergency room but never got help managing asthma day to day. Others missed the follow-up care they used to get in their home countries, where doctors checked in often. A few said it is hard to talk to a nurse or ask questions because phone systems are confusing and slow.

> *"Well, I explained to them that I've had asthma since a certain age, and they gave me the medication. They told me to keep it on hand, just in case I have a crisis. But since then, I haven't had much follow-up or control over my asthma" - Community member living with asthma*

School and work environments affect asthma management

Participants shared that jobs, schools, and childcare settings can make it easier, or harder, to manage asthma. Some said their jobs made asthma worse because of strong smells, physical work, or long hours. A few said their employers let them work from home, which helped. Many

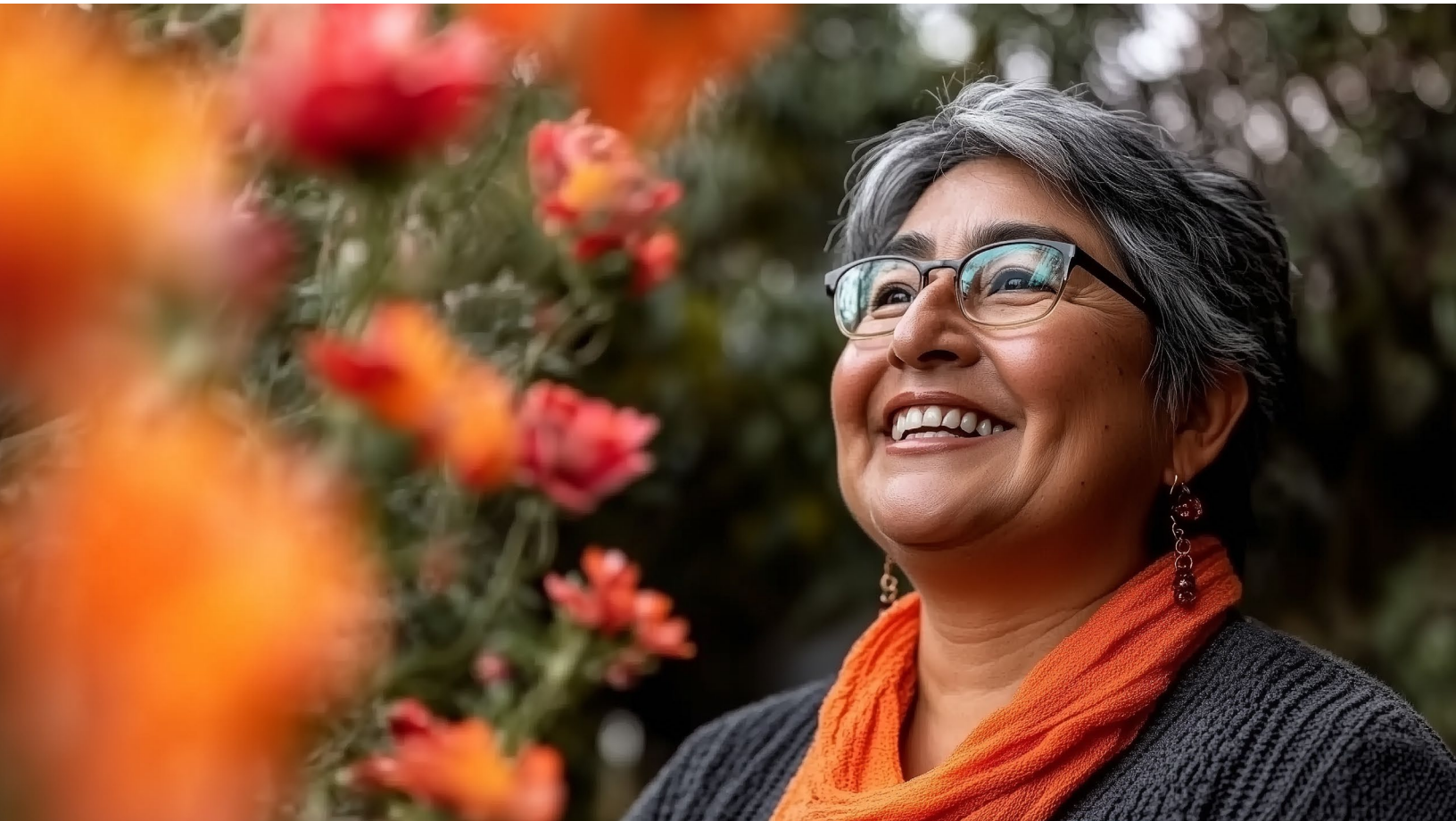
[10] Amaral-Machado, Lucas, Wógenes N. Oliveira, Susiane S. Moreira-Oliveira, Daniel T. Pereira, Éverton N. Alencar, Nicolas Tsapis, and Eryvaldo Sócrates T. Egito. "Use of Natural Products in Asthma Treatment." Pharmaceuticals 13, no. 12 (2020): 406. https://hal.science/hal-02893379v1/document

workplaces did not ask about asthma or offer protection, so people had to protect themselves by wearing masks or using fewer cleaning products.

Parents had mixed experiences with schools and childcare. Some said schools forgot medicine or mixed-up care plans. Others said teachers did not know how serious asthma could be. But when schools followed asthma plans and talked to families, kids stayed healthier. Parents also said they often had to remind schools or daycares about their child's asthma, especially when routines changed.

> *"At work, honestly, they don't seem interested in that. They just give us the cleaning products and no protection. So, I bought my own masks and take my own precautions. They told me, 'These are the products to clean,' and of course I have to use them, but I'm the one who makes sure I'm protected. I dilute the products with more water to reduce the strength of the smell." - Community member living with asthma*

> *"I've had a few issues with daycare, like them forgetting things or missing steps because of poor communication. I've had several meetings with staff and try to stay on top of it. Before my child moved to an older classroom, I met with the new teachers to review the asthma action plan. I understand they are busy and have other kids to care for, but I wanted to remind them that asthma is very serious and can get worse quickly." - Community member caregiver*



7. Communication gaps and relationship building

Some Latine community members feel dismissed or unheard by asthma providers

Many participants shared that health care visits often feel rushed and impersonal. Doctors sometimes spend only a few minutes in the room, moving quickly from one patient to the next. Because of this, some people feel like their concerns are not taken seriously.

This rushed pace can lead to poor communication. Some participants said they received instructions from doctors but were not told why those steps were important. Without clear explanations, they left appointments confused or unsure how to manage their asthma.

For young parents or people new to the health care system, this experience can be even harder. Several said their questions were brushed off, especially if they seemed inexperienced or had different ways of caring for asthma. This made them feel ignored and unsupported.

Cultural expectations also played a role. In many Latine American countries, care tends to be more personal and warmer. Participants said that when care in the U.S. felt cold or judgmental, it created a sense of distance.

> *"The doctors that they see you for two or three minutes and they say thank you very much, you have a health problem and they practically don't even touch you, so it's like you really have to tell them I'm hurting here, I feel a little more, hold my hand and say touch me here to see if I'm okay or not, so that made it very difficult for me and it took me like with all the resources" - Community leader*

> *"Thinking back to when his symptoms first started, I really wish I had been taken more seriously. When I brought him in and said I was worried, I got responses like, 'Is this your first child?' and when I said yes, they'd say, "Oh, he's probably fine. You don't have to worry.'" - Community member living with asthma*

Cultural values make it harder for some to speak up in health care settings

Many Latine community members grow up learning to respect authority, especially doctors, making it harder to ask questions or share concerns during medical visits. This challenge, combined with language barriers and unfamiliar systems, sometimes keeps people from getting the care they need.

Community leaders shared that many people stay quiet even when they feel confused or worried. Some agree to treatment plans that do not fit their daily lives but do not ask for changes. This can be because of their background and where they are from, it may not be

common to talk openly with doctors, especially for those from lower-income or communities with less access to education. Here in the U.S., it can still be hard to know when or how to speak up. In some cases, people give up. One participant shared that after their doctor said no to a referral, they stopped asking because their asthma seemed okay. They did not feel comfortable pushing for more care.

To help with this, community leaders often step in. They encourage families to ask questions, speak up, and remember that it is okay to advocate for their health, even when it feels hard.

> *"People are often embarrassed to ask questions or don't understand what's being explained. I go with women to appointments, and afterward they say, 'What did they say? What did that mean?' Even if it was in Spanish, they didn't always understand. I tell them, 'If you don't understand, ask.' But many feel too embarrassed. A lot of this comes from not knowing how things work here, and sometimes providers don't explain things in a way people can follow." - Community leader*

> *"I haven't had any specific asthma check-ups. I asked for a referral to the allergy department, but it wasn't approved, so I let it go. They told me my asthma was under control. In my home country, we do regular follow-ups, but here they didn't provide that. Since it seemed under control, I didn't push further." - Community member living with asthma*

Cultural views can affect how people handle asthma

Some participants shared that in their culture, asking for help or showing illness can seem like a sign of weakness. This belief often stops people from talking about asthma or going to the doctor when symptoms first appear.

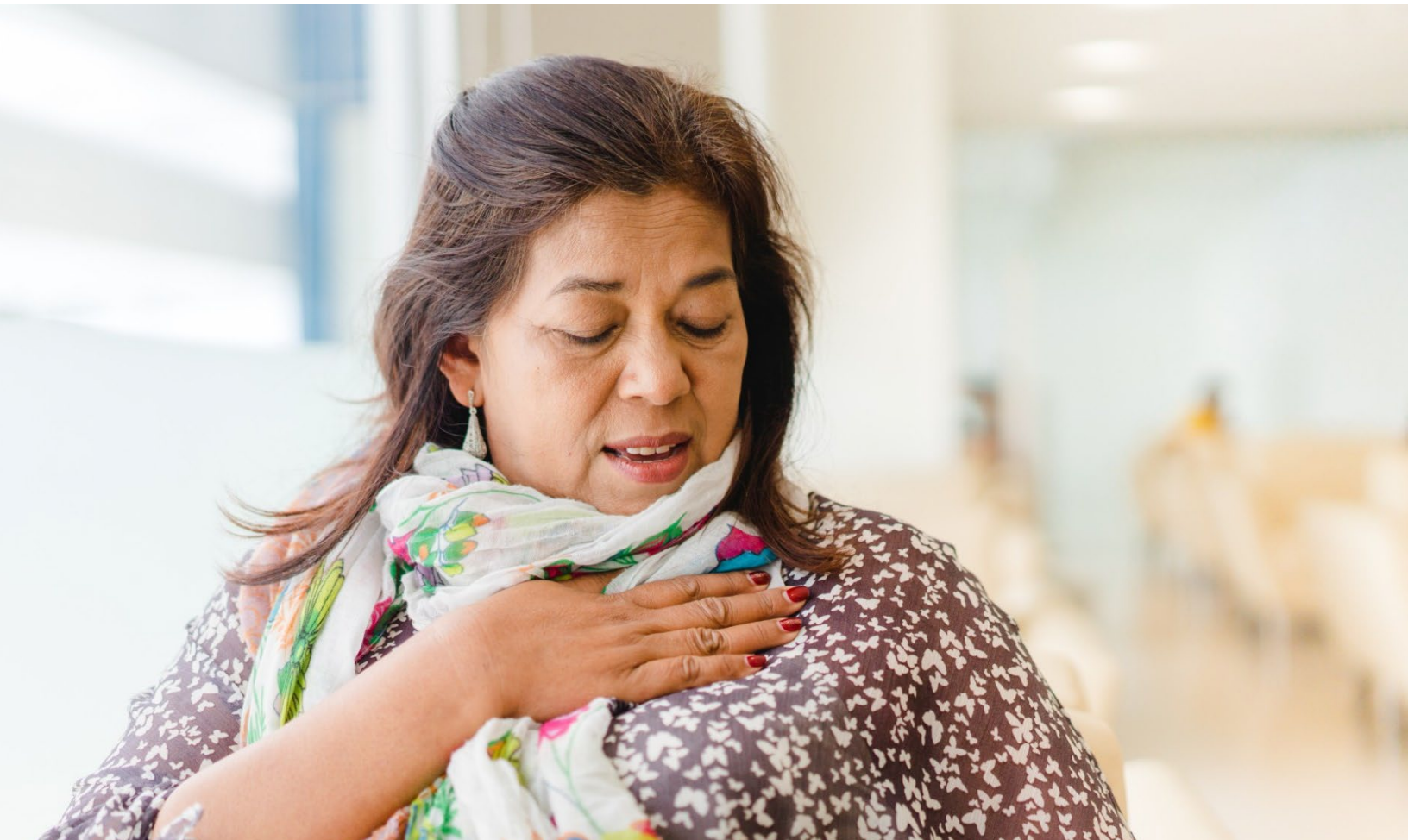
Because of this, many feel pressure to be tough and keep going, even when they do not feel well. In some families, asthma is not taken seriously unless the person cannot breathe or needs emergency care. If someone still seems active, their symptoms may be ignored.

However, this mindset is starting to change. According to a few participants, younger generations are more likely to understand that asthma needs care, even when symptoms are not severe. They are also more open to seeing a doctor early and following treatment plans.

For many, living with asthma is not a weakness, it is a sign of strength. Participants said that managing symptoms every day takes courage and shows that they are taking care of their health. They hope others in their community will see it the same way.

“I don’t think there are strong taboos, but maybe more like perceptions, like being seen as weak. My sister is always worried about her daughter, so there’s this mindset of, ‘We’ve got to take care of her’ And I think a big question in our culture is: how far can you push your body? Do you really need care for something like asthma? When I think about non-urgent health, I think of someone like my father, he was born in 1935, a completely different generation. For him, nothing was serious unless you couldn’t eat. You weren’t really sick unless you were completely down.” - Community member living with asthma

“I think our resilience. Living with asthma requires constant adaptation and strength.” - Community member living with asthma



8. Community recommendations

How to make asthma care work better for the Latine community

Recognize cultural strengths and community values

Participants said their culture shapes how they manage asthma. They feel safer and more connected when care reflects their background. Additionally, having providers who understand their culture builds trust and helps them stick with care.

Latine community and families value teamwork. When someone has asthma, everyone in the family helps, watching for symptoms, giving medicine, and adjusting routines. Strong family ties mean people make health decisions together and support one another.

Information also spreads fast in the Latine community. When someone learns a helpful tip, they share it with others. This keeps more families informed and ready to take care of asthma.

> *"I think our resilience. Living with asthma requires constant adaptation and strength. It affects someone you love, so that makes you stronger. And also, self-care and responsibility. I encourage my dad to know his body, take his meds, and notice warning signs. It's the same for a parent with a child with asthma. And we've had to change everything at home. But we're learning to live with it." - Community member (Caregiver)*

> *"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*

> *"I think there's a lot of unity and support within our Latino community; we lean on each other a lot. That sense of teamwork is something I wish providers could improve on." - Community member (Caregiver)*

Bring more care and kindness into health visits

Participants said that good asthma care goes beyond getting the right medicine, it is also about how they are treated during each visit. They want to feel seen, heard, and valued as whole people. Many shared that small things, like a smile, a calm voice, or a gentle tone, helped them feel safe and cared for. Even when there was a language barrier, kindness made a big difference and helped build trust.

Trust also grows when providers take time to understand the full picture before making a diagnosis. Some participants felt most cared for when doctors asked questions, ran tests, and made sure nothing was missed. This helped them feel confident in their treatment plan. A few even mentioned how powerful it was when doctors shared personal stories about their own health. These moments helped break down barriers and made people feel understood.

In summary, people want a simpler, more caring system. What they need is clear communication, trusted relationships, and a system that shows care with actions. Many said it would help to have easier, faster ways to talk to someone (like a nurse or asthma specialist) who can answer questions and offer advice without long waits or confusing phone systems.

> *"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*

> *"Look, I understand. It is not like in our countries, where you can get a direct phone number and talk to someone right away. I get that, I really do. But maybe they could have nurse practitioners. You know, the ones who are a level below the doctor but more specialized than a regular nurse. Maybe they could be the ones answering the phone. They could be more accessible, especially for people who are paying for a service and not seeing results. Instead of having to go through the whole process again (calling, waiting for the nurse to get you an appointment, going back in) it could be simpler." - Community member living with asthma*

Make information easy to access, understand and in our language

Participants said it is easier to manage asthma when information is in Spanish. They feel safer, more respected, and more confident when forms, and instructions are clear and in their language. They also asked for plain language. Furthermore, medical terms can be hard to understand, even for people who speak both English and Spanish fluently. Using simple words helps families follow care instructions without extra help.

People also want easier digital tools. Many said patient portals are only in English or too confusing to use. They want to see test results, send messages to doctors, and read visit summaries in Spanish. They also want quick ways to ask questions in Spanish. A phone line, chat, or app like WhatsApp would help people feel supported, especially during stressful moments.

Participants also mentioned that care becomes harder when doctors do not talk to each other. This happens when families visit more than one clinic or receive care in another country. Some bring medical records back from abroad, but doctors in the United States cannot always read or use them. Families want providers to share information, when possible, use bilingual documents, and give consistent instructions no matter where care is received.

Participants suggested using visuals like comics, drawings, or short videos instead of long brochures to help them learn more how to manage asthma. These tools are easier to understand and remember. They also recommended short classes or workshops in schools, churches, or online to explain common triggers and how to manage asthma at home. Education should also include emotional support. A few families said asthma brings fear and stress, especially for children.

Finally, participants said asthma education works best in trusted spaces. When schools, clinics, or churches share information, families feel more comfortable and open to learning. Some said they found helpful programs by chance and asked the Minnesota Department of Health and other groups to improve outreach, so families know where to go.

> *"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*

> *"Improve education on the emotional and holistic components of asthma, helping people see how the body and mind are connected." - Community member living with asthma*

> *"Importance of school, nutrition, and other things, it would be helpful to bring conversations about asthma into the community, whether through Zoom, at schools, or in churches, to hold educational clinics so this information reaches more families." - Community member living with asthma*

> *"Webinars or workshops with asthma experts would be amazing, sharing new research, new treatments, or even simple tips for managing asthma day to day." - Community member living with asthma*

Make interpreter help easy and available

Many participants said that having an interpreter during medical visits makes a big difference. When someone is there to speak their language, they feel safer, more confident, and better able to ask questions about asthma care.

Some participants felt that providers do not always understand how important is having an interpreter. When doctors and staff do not speak the same language as the patient, communication breaks down. However, some also said that waiting too long for an interpreter to arrive and translate can be stressful, especially during emergencies when every minute counts.

> *"Interpreters, either in person or via a computer, also make a huge difference in understanding treatment plans." - Community member living with asthma*

Offer free or low-cost asthma programs for uninsured families

Participants said asthma programs need to be affordable and easy to access, especially for families without health insurance. They shared ideas to create programs that meet the needs of the Latino community and others who may not qualify for other types of support. For instance, one participant recommended to provide free screenings and services. They pointed to other free health programs, like Fairview's free colonoscopy screenings, as a model that could work for asthma, too.

> *"Unless there was a program, like how Fairview does free colonoscopy screenings. It would have to be something like that for uninsured or Latino community members who don't have access to care." - Community member living with asthma*

Improve follow-up to support asthma management

Most of all, participants mentioned the need for consistent long-term care. Community members recommended that clinics reach out to families (especially when symptoms get worse) to offer support and help schedule follow-up appointments. Participants also suggested including home visits after diagnosis. A nurse could visit the home to look at the environment, recommend small changes, and show how to use helpful tools like a humidifier. This kind of personal support makes it easier to manage asthma day-to-day.

> *"So, one thing that they do in my clinic is if their asthma is lower, if they're having issues. Sometimes the nurses call the parents or call the patient to see how they're doing. Like a follow up, like a follow up once in a while before they make an appointment. And if they're so low, they help them schedule an appointment." - Community member living with asthma*

> *"It would be very helpful if doctors, or maybe not the doctor but at least a nurse, could come visit us at home, especially when our child has just been diagnosed. They could see*

the environment, give us tips on where a humidifier would work best, and share practical tools they have. A home visit would help." - Community member living with asthma

Ways the asthma program can build stronger community partnerships

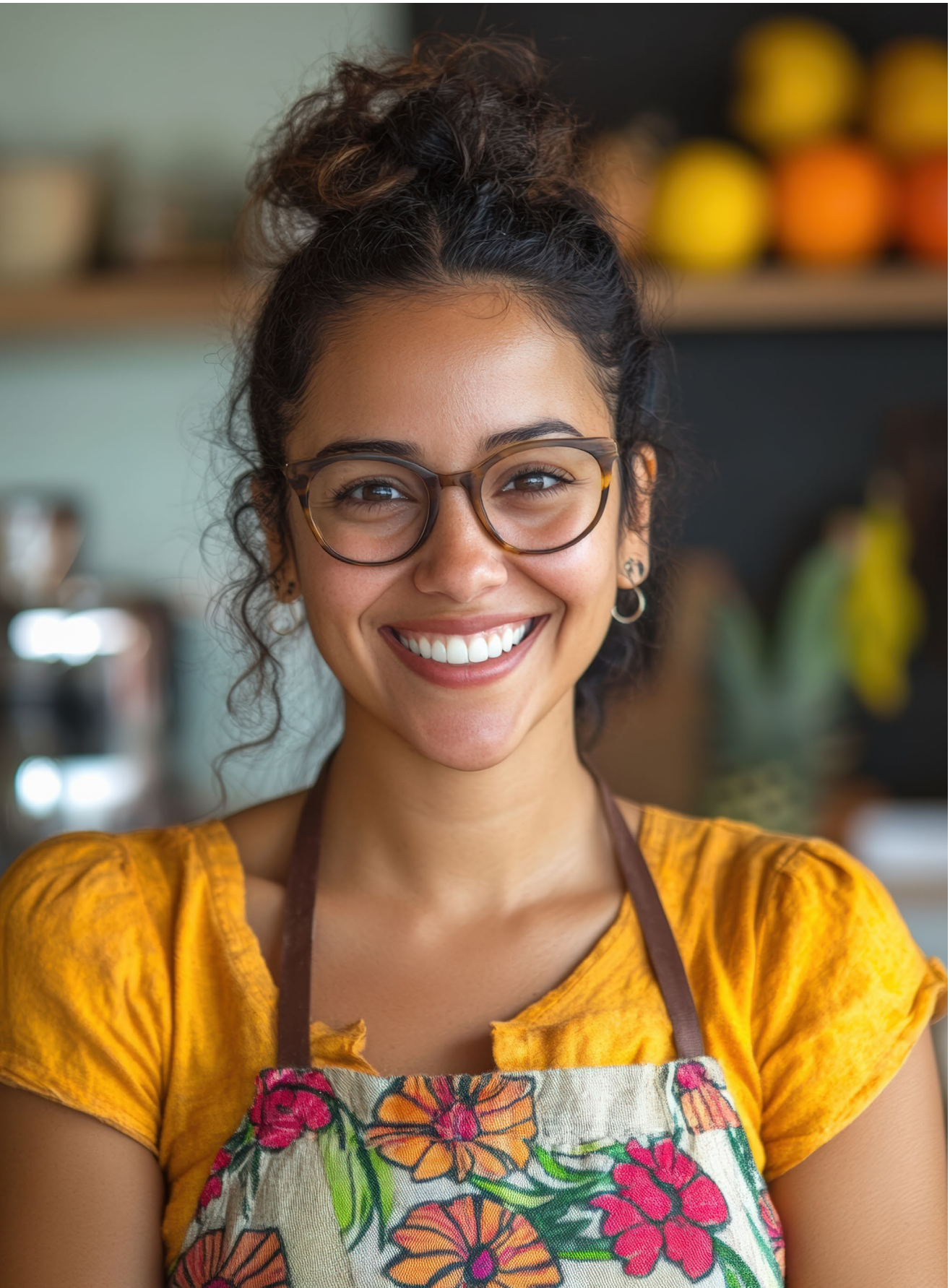
Stronger trust starts with follow-through: keep programs going

Community leaders said they are tired of one-time events or useful programs that end too soon. People want support that lasts, with follow-up after events and help in more places. Additionally, they mentioned that it helps when asthma programs show up at events (beyond health focused events) where families already gather, like school activities, festivals, and cultural celebrations. These activities could help families learn in a place that feels safe and familiar. Leaders also asked for these programs to happen in more cities.

They added that many people still do not understand how serious asthma can be. More public education is needed to help families and schools spot early signs and take action. This can prevent emergencies and help families manage asthma better over time.

> *“Something that I want to share with you is that there are a lot of initiatives to help not only the Latino community, but also BIPOC communities in general, or minorities... There are people who find the resources they need in these events. For example, they find the information from the Department of Education, but after a month they try to contact the person, they are referring to, or they tell them that the program has been closed, that the person is no longer there. So, the community always expresses that discontent with these types of initiatives that don't go beyond.” - Community leader*

Appendix 1 provides additional detail that supports the themes discussed in this section about working with trusted community groups to share asthma information. It includes tables listing organizations and community spaces (such as the Community-University Health Care Center, Comunidades Latinas Unidas en Servicio, libraries, and churches) that participants identified as trusted and familiar. These settings help families feel safe and open to learning. The appendix also summarizes interviews with key partners like Urban Ventures, Centro Tyrone Guzman, and Aquí Para Tí, highlighting their interest in providing asthma education and the types of support they would need to do so.



9. Consultants' recommendations

This section includes practical recommendations based on what participants shared during the study. These suggestions are meant to help the Minnesota Department of Health (MDH) improve asthma education, outreach, and services in ways that feel more clear, respectful, and useful to Latine communities.

Improve asthma education and awareness

- **Tailor asthma education to different age groups.** Create materials that meet the needs of adults, children, and families. Adults who are newly diagnosed need simple, calming information to reduce fear and confusion. Children and families need fun, engaging tools that build confidence early on.
- **Raise awareness about asthma's impact, even when it is not visible.** Many people do not realize that asthma can be serious even if someone looks fine. Include clear messages in MDH materials like, "Asthma may look invisible, but it is not," to help people understand that asthma needs regular care, even when symptoms are not obvious.
- **Expand where and how asthma education is shared.** Use community-based organizations, schools, churches, local businesses, health fairs, and social media to reach more people. Sharing flyers and hosting short sessions in trusted places can help families learn and feel supported.
- **Provide asthma education in schools.** Children need to understand asthma early. Schools are a good place to teach students what asthma is, how to manage it, and how to respond when someone has an asthma attack. This also helps correct common myths and build a more informed community.
- **Make materials for different literacy and education levels.** Use plain language, pictures, videos, and audio tools to explain asthma clearly. Families with low literacy or limited formal education should still be able to understand and use the materials. Offer more detailed content for those who want extra information.
- **Create materials that reflect Latine culture and everyday life.** Show Latine community members using inhalers in schools, jobs, and family settings. Make it clear that using an inhaler is a strong and smart choice, not something to hide. Including quotes or testimonials can help reduce shame or embarrassment.

Support caregivers and families

- **Validate caregiver experiences.** Parents and caregivers often feel overwhelmed. MDH can include messages and tools that acknowledge their emotions and offer practical support, which helps them feel seen and cared for.
- **Create simple materials for families without insurance.** Share low-cost tips and explain how to find support programs. Clear guides and visuals can help families manage asthma when resources are limited.

Improve access to culturally respectful care

- **Build a directory of bilingual and bicultural asthma providers.** Families need care they can trust. Create and share a statewide list of providers who speak Spanish or other relevant languages and understand Latine culture. Include provider language skills, locations, and areas of focus.
- **Train providers in culturally respectful communication.** Help health care workers understand Latine values, including the use of home remedies, respect for authority, and hesitation to ask questions. Teach providers how to make patients feel safe asking for help or sharing their beliefs.
- **Design culturally relevant materials about asthma.** Explain what asthma is, how it affects the body, and why it needs daily care. Use real-life examples and visuals to show how untreated asthma can lead to bigger health problems. Share these materials through community leaders and events.

Help people navigate work and health care systems

- **Help workers advocate for asthma-friendly job conditions.** Create simple tools, like fact sheets or scripts, to help people ask for safe changes at work. These may include switching cleaning products, wearing protective masks, or taking breaks when needed. MDH can also work with community groups to offer workshops or one-on-one help.
- **Support providers in building trust with Latine patients.** Develop and share a short list of respectful questions providers can ask to check for understanding, explore concerns, and adapt care plans to fit patients' daily lives. These tools can make patients feel more comfortable and reduce confusion or silence in appointments.

10. Helpful Asthma Resources for the Community

Below is a list of trusted resources recommended by the Minnesota Department of Health and partner organizations to support individuals and families managing asthma. These tools include tips for care at home, educational materials, affordable services, and more.

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

11. Appendix. Work with trusted community groups to share health information

People want to learn about asthma in places they already know and trust. These include community clinics, cultural centers, churches, libraries, and Latino-led nonprofit organizations. Sharing information in these familiar spaces helps people feel safe, respected, and more open to learning. Trusted organizations like the Community-University Health Care Center (CUHCC), La Clínica, and Comunidades Latinas Unidas en Servicio (CLUES) are good places to start because many families already go there for care. Churches and libraries also offer a welcoming space where families feel connected. Local organizations like the Centro Tyrone Guzman, and Urban Ventures are already sharing health messages to the community and want to do more to support asthma education, but they need better materials and training. Participants said they like when services come to the community, such as at health fairs, where they can get screenings and help with asthma care plans.

Table 2 below summarizes groups participants indicated were trusted; they make asthma education more effective, and families feel more supported.

Table 2: Trusted community spaces for asthma outreach and education

ORGANIZATION / SPACE	TYPE	NOTES
CLUES	Nonprofit	Trusted source of information and services.
Latino Economic Development Center (LEDC)	Nonprofit	Trusted source of information and services.
Urban Ventures	Nonprofit	Shares information and recommends follow-up in Spanish.
Church of the Risen Savior (Burnsville)	Faith-Based Organization	Latino congregation offering support and resource connections.
Wellshare International	Health Organization	Provided menopause education; expanding to cancer education.
Libraries	Public Institution	Named as a place to find trusted health information.

Many participants and community leaders also said that nearby clinics and hospitals could be strong partners for asthma outreach. Families already visit these places, so working together with them could help reach more people with the support they need.

Participants named several trusted clinics and hospitals, including Southside Clinic, CUHCC, Whittier Clinic, Hennepin Specialty Hospital, and La Clínica (formerly the West Side Clinic) in St. Paul. Participants described these places as familiar and helpful for families managing asthma. They also pointed out that clinics like CUHCC and La Clínica do a good job serving Latino families, especially those who prefer to speak Spanish.

Table 3 summarizes the local clinics and hospitals participants said they trust. Partnering with these sites could help more families feel safe, supported, and informed about their asthma care.

Table 3: Trusted clinics and hospitals for asthma care

ORGANIZATION / CLINIC	TYPE	ROLE / NOTES
St. Mary's	Health Care Provider	Partner in providing health education classes (e.g., diabetes, cardiovascular).
Fairview	Health care System	Partner in health education and outreach.
University of Minnesota	Academic Institution	Collaborates through community clinics and educational initiatives.
Southside Clinic	Community Clinic	Local partner for outreach and education.
Whittier Clinic	Community Clinic	Mentioned as a regular collaborator.
Dr. Francisco / Health Fair	Health Care Provider / Event	Promotes screenings and supports family health planning at annual fairs.
Hennepin Healthcare Clinic and Specialty Center	Hospital	Location where care was received.
La Clínica	Community Clinic	Mentioned as a trusted Latino-focused clinic.
CUHCC	Community Clinic	Long-standing clinic created by the University of Minnesota.

Potential partnerships with organizations interviewed

Urban Ventures

Urban Ventures is a group in South Minneapolis that helps Latino families. They run classes for parents to learn about schools, health, and how to speak up for their families. They also work with clinics and other groups to bring health education to the community.

Urban Ventures wants to work more with health programs. They said they would be happy to host asthma talks in Spanish. They already have a weekly class with about 70 people and a yearly health fair. They invited MDH to join these events and give talks in person or on Zoom.

They said that families need more help understanding asthma, especially how to handle it at school or during emergencies. They want to offer talks that help families feel ready and safe.

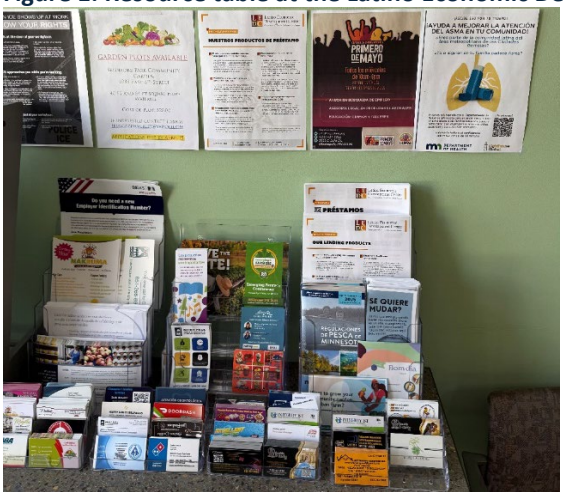
Latino Economic Development Center (LEDC)

LEDC is a group that helps Latino people grow businesses and get support. They are not a health group, but they help share health information. They share on social media and connect families to helpful resources.

LEDC wants to share more asthma information with families. They are open to putting up flyers (see Figure 1), sharing materials online, and helping staff learn more about asthma. They said they want materials in Spanish so they can help more people.

LEDC does not run asthma programs, but they want to be part of the solution. They are a trusted place where families go for help, so they could help spread the word about asthma care.

Figure 1: Resource table at the Latino Economic Development Center (LEDC)



Community-University Health Care Center (CUHCC)
CUHCC is a clinic that helps people from many cultures. Their staff speak many languages, and they offer medical, dental, and mental health care. They help people with or without insurance and support families even if they do not have legal status.

CUHCC is open to working with asthma programs. They already help people get insurance and connect to care. They said MDH could give them asthma flyers or visit to talk with families or train staff. They have health workers who can share this information in different languages.

CUHCC sees many people with asthma, but they said families need more education about it. They want to make asthma a bigger topic, like diabetes and heart health, and they are ready to help.

Centro Tyrone Guzman
Centro Tyrone Guzman is a nonprofit that helps Latino families of all ages. They support elders, children, parents, and youth. They also help families who live in small towns and rural areas where it is harder to get services.

They want to work with MDH to share more asthma education. They have programs for caregivers and families, and they meet often with the community. They would welcome support from MDH to offer talks and resources. But they also said they need funding to do this work.
Centro has worked on asthma in the past through city programs. They would like to do more, especially in rural areas. They said families need more support, and they are ready to help if they have the resources.

Aquí Para Tí
Aquí Para Tí is a program for Latino youth ages 10 to 24, but they often continue helping people even after they turn 24. Some of their patients are parents or even grandparents. The program offers support for both mental and physical health and helps families learn new skills to succeed in life. It is a safe place for Latino families to get help with almost anything they need.

The team at Aquí Para Tí wants to partner with health programs to support Latino families. They suggested giving classes or talks about asthma in places where families already gather, like churches, schools, or online. They already run six-week programs and said that adding asthma education (especially in the summer when families are outside) would be helpful. They also suggested offering talks over Zoom so more families can join from home.

Right now, Aquí Para Tí does not have a program about asthma. Staff said they do not have enough information or resources to help families with asthma. They also shared that many Latino families feel more comfortable going to Hennepin Health or Aquí Para Tí because they can speak with Spanish-speaking doctors and staff.

DEPARTMENT OF HEALTH

ENGAGING METRO AREA LATINE COMMUNITY AROUND ASTHMA

June 2025

In partnership with:

Lighthouse Global.