THE MINNESOTA FAMILY STRENGTH PROJECT

FCS
Family & Children's Service
Building Strong Families, Vital
Communities and Capable Children

RESEARCH REPORT

The Minnesota Family Strength Project

Research Report

The Minnesota Family Strength Project Research Report

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FAMILY & CHILDREN'S SERVICE
Building Strong Families, Vital
Communities and Capable Children

Families Matter

At **Family & Children's Service**, we know families matter. We've spent more than 120 years helping to change the lives of families, individuals and communities. We're here when life is overwhelming, family relationships are stressed, or our communities need help.

Through counseling, family support services, violence intervention, community building, family life education and public policy advocacy, we strengthen families and communities in all their various forms.

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COMMUNICATION●HEALTH●TIME TOGETHER●SPIRITUALITY●SUPPORT
RESPECT●UNITY●CULTURAL TRADITIONS●EXTENDED SENSE OF FAMILY

COMUNICACIÓN ●SALUD ●TIEMPO JUNTOS●ESPIRITUALIDAD●APOYO
RESPETO●UNIDAD●TRADICIONES CULTURALES●PARIENTES

XIRIIR●WAKHTI WADA QAADASHO●CAAFIMAAD●TAAGEERO
CIBAADO (SPIRITUALITY)●XURMO●MIDNIMO●DHAQUAN IYO CAADO
IYO EHELNIMADA

WHAT FAMILIES ARE DOING RIGHT:
The Story of the Minnesota Family Strength Project

A Foreword
By Terrence J. Steeno
President and CEO
Family & Children's Service

WHAT ARE FAMILIES DOING RIGHT? Daily, we hear the negatives about families, with few accolades about *what's going well.* We have all seen the TV horror stories about school violence, children living in poverty, divorce and serial marriage, and many other problems attributed to the "decline" of families. The news media's focus on families with problems leads many of us to simply "tune out" the news — bad and good.

Perhaps families are stronger than we think. Perhaps they "turn off" to negative news about families because they know something that many family experts don't seem to realize: that most families feel they are strong.

The *Minnesota Family Strength Project* confirms this. Some 78% of the 2,100 Minnesotans to whom we talked during the research, describe their family as "very strong" or "exceptionally strong." They also report that their current families are *stronger* than their families of origin — a good sign for the future of Minnesota.

So what should we do, if we believe that there *is* good news about families? What we learned in the *Minnesota Family Strength Project* suggests that if we focus on the negatives, we may be speaking to a very small audience. In contrast, if we focus on strengths — at least some of the time — our audience will be larger, because people will be open to the idea that we are talking about *their* family.

People today want to know there is good news. Families also need direction, information about what "works" for families. There have been so many changes in family life in the past 30 years, and many different responses — some positive and others negative. We all know at least some of the changes families have experienced:

- Women and mothers working outside the home.

- Stepfamilies, resulting from divorce and remarriage.

- Single parents, again caused by divorce or by the choice to remain unmarried.

- Three-generation and other types of extended families.

- Cohabiting adults living with or without children from previous relationships, as well as living with their own biological children.

- Visible gay, lesbian, and bisexual families with and without children.

- Culturally and ethnically diverse families, also reflecting some or all of the above characteristics.

Indeed, some changes are more positive than others. Some changes have negative or at least mixed consequences. And some changes today are undeniably hard for many families. Families are more isolated than ever before — from their neighborhoods, from extended families, and from traditional means of support. Families have to work that much harder just to keep up. And many families, in many neighborhoods, are falling further and further behind.

We know the "bad news" because most research studies respond to these changes using a problem-focus, and therefore search for the best "fixes." Researchers tend not to study what's "going well." *As a result, families and practitioners often get little information about the 78% of families that are doing well.*

How do the strong families do it? Good examples and "success stories" can be as informative and helpful as knowing about the problems. Their stories are important for policy-makers and practitioners to hear, but it's even more important that their voice be heard by other families. *That's because families can learn from each other.*

And families want to learn! They want practical support and advice on how to become stronger. To illustrate, 57% of family members surveyed in Level 2 of our research indicated that they were "pretty sure" or "absolutely" sure that they would make use of a preventative family relationship check-up, if they had insurance that would cover the service for little or no co-pay.

The success of Early Childhood and Family Education (ECFE) in the '90's provides further support for the idea that parents want to do the right thing for their kids. Families are definitely interested in information about "what works," as the popularity of self-identified family experts like Steven Covey demonstrates. But aside from ECFE and parenting/family life books and tapes, there are very few sources of positive, up-to-date, and accessible information on what makes families today **STRONG**.

That's what the *Minnesota Family Strength Project* — a collaboration of four non-profit organizations led by Family & Children's Service — sought to deliver. We designed the research to meet four main goals:

1. To raise awareness and be a catalyst for systems change through the creation of tools, services, and support systems that enable Minnesota families, and ultimately their respective communities, to become stronger and healthier.

2. To create a scientific baseline "profile" of Minnesota family strengths – identifying correlations with physical/mental health and health care utilization – in order to better understand how families can be healthy and strong in our society, as well as what families need and where they turn to improve their status in these areas.

3. To generate far-reaching media coverage, and ensure that project results are disseminated to all Minnesota families, policy makers and family support systems, thereby elevating family issues to a statewide level of awareness, discussion and action.

4. To involve families, policy-makers, health care and social service providers, schools, clergy, businesses and neighborhoods in generating and implementing project recommendations that make our communities and systems more affirming and supportive of families.

The research methodology was as innovative as its subject: family strength in today's changing families. We explored new and important issues about family strength from the perspectives not only of majority culture families, but also from the viewpoints of families belonging to five different ethnic minority communities. The research was unique because we:

- Invited family members to define "family" as they saw it, resulting in a more inclusive definition. Special attention was paid to the experiences of "nontraditional" families, as well as to variations in the way family strength was understood, expressed, and measured in non-majority cultures.

- Examined the relationship between family strength and the communities in which families reside.

- Shared the research findings with communities that participated in the research. Typically, researchers never take the time to report such findings back to communities. We arranged the unprecedented "roll-out" of our findings through community forums, as well as nationwide projection through print media.

- Put what we learned into practice, developing family strengths workshops and a variety of new community-directed family mental health initiatives.

Change was an important dimension of the research — not only changes in family life between generations, but also changes in the face of Minnesota today. The State has experienced tremendous demographic shifts in the past thirty years. Our research captured some of these changes, leading to new understandings of the ways in which people from radically different cultural backgrounds interpret the meaning of "family" and "family strength." We see families through new eyes as a result of the research, and are already making changes in how we develop and deliver services.

There are many trends in both research and human services, but the report you hold in your hands is of lasting relevance. Another researcher has already written her doctoral dissertation on a part of the project — a testament to its impact and significance.[1]

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[1]Heitritter, Dianne Lynn (1999). *Meanings of family strengths voiced by Somali immigrants: Reaching an inductive understanding. A thesis submitted to the Faculty of the Graduate School of the University of Minnesota*. This is the first English-language family social science on Somali families living in the U.S.A.

Family research and practical family strengths work will continue well into the 21st Century. That's because however you define family, whether the issue is violence, housing, diversity, school, mental health, or community problems, **FAMILY MATTERS!** Doesn't it matter to you?

THE MINNESOTA FAMILY STRENGTH PROJECT RESEARCH REPORT

INTRODUCTION

BACKGROUND

The *Minnesota Family Strength Project* is a collaboration of four major nonprofit organizations, namely: Family & Children's Service, the Allina Foundation, the Minnesota Historical Society, and Minnesota Public Radio Civic Journalism Initiative.

The partners recognized the need to better understand the growing diversity of families in Minnesota, as well as how all types of family structures successfully cope with and manage the stressors that begin with or end up in their family system.

The *Minnesota Family Strength Project* started by creating a scientific baseline "profile" of Minnesota family strengths, seeking to identify correlations with physical/mental health and health care utilization. The purpose was to better understand the unique ways in which families function successfully in our society, as well as to have a better picture of what families need and where they turn for help.

The first phase of the *Minnesota Family Strength Project* comprised four components: research, dissemination, impact/outcomes, and evaluation. This report focuses on the research component of the project.

KEY RESEARCH QUESTIONS

The research project was designed to consider the unique challenges of family research, including questions about the specific unit of analysis — who and how many persons constitute a "family" — as well as the screen of privacy that discourages many members from reporting on their families. The result is a three-level scientific examination of families that was implemented to collect both quantitative and qualitative data.

From the outset there were key questions that the *Minnesota Family Strength Project* wanted to examine:

1. **At the turn of the century, how strong are families in Minnesota?**
   - How do Minnesota families define themselves?
   - How do they define family strengths?
   - How do family strengths vary by cultural affiliation?
   - How do family strengths vary by family structure (single-parent, stepfamilies, traditional)?
   - How do strong families use the community?

2. **Does family strength relate to the physical, mental, or community health of its members?**
   - Do strong families have members who have fewer physical symptoms?
   - Do strong families have members who have fewer mental health problems?
   - How often do strong families utilize health care services, and for what purposes?
   - Do strong families follow treatment plans better?
   - Do strong families live in healthy communities?

3. **Where do Minnesota families go to function better?**
   - What is the range of resources families use, and which options are used most frequently?
   - At what point do they use personal versus professional resources?
   - When the whole family needs help, where do they go?

4. **What is the nature of family strength within specific communities of color?**
   - What are the best culturally sensitive and relevant methods to assess families of color?

OVERALL DESIGN

In order to address these four major questions, the following three-level design explored family strengths at progressively closer ranges, moving from panoramic to zoom lenses.

Level 1: *A random, stratified sample of 1,000 adults across Minnesota who responded to a telephone interview.*

This design was intended to yield a preliminary baseline of family strengths, families' perceptions of overall physical/mental and community health, and the relationship of these perceptions to family satisfaction. This sample was randomly selected in order for results to be generalizable to Minnesota families in general.

Level 2: *A purposeful sample of 400 families (850 individuals) who came to community sites throughout the Twin Cities metropolitan area.*

This sample was not randomly selected; participants were actively recruited in order to obtain a better representation of:
a. Multi-problem/needy families
b. Families of color
c. A diversity of family forms (e.g., single-parent, stepfamilies, etc.)
d. A diversity of family functioning (ranging from low to high functioning).

Results from this sample, were consequently informative and descriptive, but may not represent all families from these four targeted sub-samples.

Level 3: *Interactive Family Strength Groups ("focus groups" or "Talking Circles") with families of color from 5 specific cultural groups.*

Based on the results from the two previous Levels, a team of culturally appropriate researchers was convened to better understand the nature of family strengths in families of color. Interactive Family Strength Groups were held in the Twin Cities for five different ethnic groups: African American, American Indian, Chicano/Latino, Somali, and Vietnamese.

In all, twelve different groups were held ranging from 5-18 individuals per group.

This sample was not randomly selected, but was recruited by the efforts of various community leaders. Different sites were used to recruit a variety of families within a specific ethnic group. Results from this sample, therefore, are exploratory, and may not represent all families from the five targeted ethnic groups.

HEALTH CARE UTILIZATION

One of the goals of this scientific investigation was to examine health care utilization by a sub-sample of Medica Health Plan members in Levels 1 and 2, and then to correlate utilization to significant family strength findings. Within the Level 1 study, 300 respondents were identified as part of the Medica sub-sample. Within the Level 2 study, there were 100 families identified as Medica Health Plan members. Thus, we met our goal to have one-third of each sample be Medica Health Plans members.

The results of the health care utilization investigation are detailed in a separate document, "*Minnesota Family Strength Project*: Analysis of Medica Health Plan Members' Utilization of Health Care Services" prepared by Marcia Blake of Performance Measurement and Improvement, Medica Health Plans.

In brief, the Medica sub-study in Level 1 uncovered no significant findings related to health care indicators and self-reported family strength. In Level 2, the number of respondents whose health claim experience could be matched to behavioral scores was too few for meaningful results. The significance of these results and recommendations for future action are discussed in Ms. Blake's report.

OVERALL SUMMARY OF RESULTS

"There are many roads to family strength."

The above quote from a participant in our African American interactive group seems to capture the essence of findings from our three-level study. We heard from about 2,000 Minnesotans representing different geographical regions, different economic levels, different family structures, different ethnic groups, and different levels of family functioning. They told us about their families through telephone interviews, detailed questionnaires, and interactive groups. What participants' different experiences of "family" revealed is both unique to certain kinds of families, and common across all families.

The results of this project both confirmed previous findings and broke new ground.

"Family strength(s)" has been an object of study for more than 25 years[2], and is a central concept in the discipline of Family Social Science, and the practices of Family Life Education and Marriage and Family Therapy.

> A major pioneer in family strengths research is Herbert Otto[3] (1962). Otto began by interviewing 27 families, asking them to help him study family strengths. He argued that each family strength is related to the others, that they overlap, and that the interaction among the strengths produces a state of being that he called "family strength." Later theorists refined Otto's line of thinking, arguing that a family that exhibits the various family strengths is a "strong family" (Stinnet & DeFrain, 1985).[4]

One of the most comprehensive research efforts — led by Stinnett, DeFrain, and others at the University of Nebraska — identified six qualities associated with the strong families they surveyed:

- Commitment
- Time together
- Ability to cope with stress
- Spiritual well-being
- Communication
- Appreciation and affection

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[2] The brief literature review that follows is based on the more extensive survey from: Olson, David H. and DeFrain, John (1994). *Marriage and the Family: Diversity and Strengths.* Mayfield Publishing Company: Mountain View, California, pp. 563-566.

[3] Otto was also the founder of the field of Family Life Education — which explains the centrality of the family strength perspective in that field.

[4] Olson and DeFrain (1994), pp.565-566.

Families participating in the *Minnesota Family Strength Project* identified five general qualities associated with family strength across cultures. Of these five qualities, four resemble the strengths identified by Stinnett's team:
- ✓ Communication (*exact match*)
- ✓ Time together (*exact match*)
- ✓ Spirituality (*very similar to "Spiritual well-being"*)
- ✓ Support (*somewhat similar to "Appreciation and affection"*)

Our results' high degree of consistency with Stinnett's work — the benchmark in the field — suggests good face validity.

Other methods besides family surveys have been used to explore family strength. Journalist Dolores Curran interviewed "experts" around the country, rather than speaking to families. She spoke with teachers, helping professionals, clergy and other authorities on the family, asking them to describe the qualities they each consider essential to the success of families.

While the similarities to our own research findings are weaker in Curran's case, nevertheless there are some familiar themes, including:
- ✓ Togetherness, [Meal]time together, and Shared leisure (*collectively similar to "Time together"*)
- ✓ Shared responsibility (*similar to our "Support" theme*)

Curran's research also hinted at the dimension of family flexibility. To illustrate:
- Privacy valued
- Humor/play

Other studies of family strength indicate that "flexibility" is important to family functioning. Even though family flexibility did not emerge as a *central* landmark of family strength in our research, families did talk about the need to be responsive to many changes today — especially those related to the experiences and values of their adolescent children.

As well as being consistent with previous research, the *Minnesota Family Strength Project* uncovered several unique dimensions of family strength, such as the fact that:
- Members of larger families tend to see their families as stronger.
- Health is an important contributor to family strength.
- Families of color express unique family strengths.

These dimensions emerged because of the study's thoughtful design. In contrast to the methodologies used in some previous studies, we:
- Considered families themselves to be the "experts" on family strength.
- Invited family members to define for themselves who is part of their family.
- Assumed families of color would share many strengths with majority culture families, while also possessing family strengths unique to families of color.

- Focused-in on families of color more deeply in each successive stage of the research.

We now begin a detailed examination of the results.

How did Minnesota families define themselves?
Minnesota families were much more likely to define "family" in broad terms, illustrated by the finding that families included pets as often as friends in their definition of family.

They were also likely to include more members in their definition of family compared to the 1995 national statistics of the United States Census Bureau.[5] Our sample mentioned an average of seven family members, while the most frequently defined unit was four members, and the mean number of family members in Minnesota households was 3.06. This is a larger household than the national average of 2.65 people per household in 1995. (And we don't know if those 2.65 average household members in the census defined themselves as "family," or were simply in some cases individuals sharing a dwelling.)

Minnesota families were also more likely to perceive themselves as stronger if they had a broader definition of family.

How are families doing?
Seventy-eight percent of Minnesota families stated they were very or exceptionally strong. The age of the respondent, number of years married, cultural/ethnic background, and religious preference did not correlate with family strength. Our sample overwhelmingly perceived their families as unusually strong.

Furthermore, Minnesota families consistently rated their current families as stronger than the ones in which they grew up.

The results also suggest that strong families are healthy families. There was a strong relationship between family strength and health, both physical and mental. Those who rated their families as exceptionally strong were significantly healthier both physically and mentally than every other group, even *within* the group of "very strong" families.

What makes families strong?
There were five main themes about family strength that transcended all three levels of research and encompassed the diversity of families.

COMMUNICATION
Respondents believed communication among family members was essential to maintaining family strength. The ways in which families communicated, or

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[5] "Rapid pace of change in families slows down: Census report shows plateaus." (1996, November 27). *Star Tribune*, Minneapolis, Minnesota, p. A. 1.

what they considered good communication may differ, but they were unwavering in the understanding of the need for communication. For example, the communication in American Indian groups was non-hurried, with one person speaking at a time. Communication in Vietnamese groups appeared more animated, often with several people speaking at once.

HEALTH

This encompassed physical, mental and economic health. Many families were explicit that these three components of health were intertwined, each contributing to the other. Many families of color described a sense of "wholeness" of body, mind, emotions, etc., as essential to family strength.

TIME TOGETHER

Strong families made sure they actually spent time in the presence of each other. How they spent that time varied a great deal. For some, it was eating meals together, or doing barnyard chores together. For other families, it meant participating in cultural or religious activities and celebrations. For still others, spending time together meant saving money during the year in order to have a fabulous vacation together. The key was being together in some kind of shared activity, which they could later point to as a way their family united and exemplified strength.

SPIRITUALITY

This landmark again took various forms for the families in our study. Collectively, they seemed to be indicating a sense of the Ultimate, and their family's relationship with the Ultimate. Some families referred to an understanding of faith in general, some described religious activities, some indicated spirituality as a cohesive factor in the family, and some relied on religion to give the family structure and function.

SUPPORT

This quality, like the four previous, was measured both qualitatively and quantitatively in our study. Quantitatively, there were significant relationships between indicators of support (family satisfaction, problem solving skills) and family strength.

Qualitatively, support was indicated when families mentioned things like "being there" for each other. Many expressed the belief that strong families are ones where the members can call on each other to help with childcare, or to listen, or to be affirmed. Several families of color emphasized the need to learn the new (dominant) culture and then adapt in order to keep the family together.

There were strengths unique to families of color.
In addition to the above five characteristics common among all strong families, four specific qualities that strengthen families of color emerged in the study:

RESPECT
This dimension of family strength had two aspects: *Intergenerational respect* (especially respect of children towards parents and elders more generally). For a number of the cultures who participated in the study, elders play an important role as family and community problem-solvers and arbiters. Respect for elders thereby reinforces another family strength — namely, *Cultural Traditions* (see below).

More generally, *interpersonal respect* (respect of each family member toward the others) is another aspect of respect as a family strength.

Respect is linked broadly to proper behavior among family members. For example, an African American participant used the term "respect" in the following context: "Respect. You didn't swear in front of kids."

Finally, Native Americans linked the *Respect* theme to the next theme, *Unity*: "A strong family pulls together, not apart."

UNITY
African Americans frequently used the phrase "pulling together" to illustrate the theme of unity. When a family member or the entire family faces a crisis, challenge, or "hard times," family members "pull together" behind whomever is in need.

A second dimension of unity was proximity, or at least clarity about where family members were, and how they were doing. This was particularly important to Somali families in Minnesota, many of whom came here fleeing war and famine — consequently losing contact with many family members.

Family change may also be necessary to maintain family unity. This may be especially the case when traditional cultures clash with U.S. values. To illustrate, Vietnamese elders emphasized the importance of listening to and compromising with younger generations as key to maintaining family unity.

CULTURAL TRADITIONS
Cultural traditions is a broad term capturing a variety of customs, behaviors, and values that participants associated with family strength. Some examples follow:
- For Somalis, an important cultural tradition is clarity about gender roles — especially in a society they believe is hostile to Islamic values.
- As mentioned above, in a number of cultures, elders play an important role as problem-solvers and arbiters.

- Chicanos/Latinos and Vietnamese participants emphasized important relationships between culturally-specific forms of exercise and nutrition, religion, and health.

AN EXTENDED SENSE OF FAMILY
A sense that family extends beyond the household, to other kin as well as neighbors, is the fourth strength specific to families of color. The importance of extended family belies the notion that the "nuclear family" concept is the normative or ideal family form: an aunt, uncle, or grandparent may be raising the children and/or organizing intergenerational family life in a household.

Extended family also shapes adults' expectations of support, as illustrated by Native American participants: "I'm 30 years old, and I can always go back home" and "You may have close friends you consider family. Big community groups created out of small families united together… if you need something, you can find it in the community."

What works against strength?
Perhaps not surprisingly, *stress* works against family strength. What was surprising, however, were the kinds of stressors that families identified as the greatest troublemakers. The daily "grind" variety of stressors were described much more frequently than more serious stressors.

The top four stressors according to Minnesota families were:
- Lack of time to relax and unwind
- Uncompleted chores by children
- Arguments between parents and children
- Household tasks undone

When families have a problem, where do they turn?
Families identified prayer as their number one resource. Other sources of help included physical exercise, turning to family and friends, or ignoring the problem. When a helping professional was consulted, medical doctors topped the resource list for physical problems, while counselors were first for personal or family problems.

**<u>There were differences that emerged in our Twin Cities sample based on the
type of family structure they had.</u>**
In Level 2 of the study, we examined family strength scores according to family
structure: single parent, "traditional" two-parent, stepfamilies, multigenerational
families, cohabiting heterosexual families, and gay/lesbian families. There were
differences between the scores on a family strength index based on family structure
(*see Table 1, below*).

Table 1: Family Strength Correlated With Family Structure

Family Strength Index Range	Family Structure
"High"	Gay/lesbian couples without kids in house

"Moderately high"	Gay/lesbian couples with children
	  "Traditional" 2-parent heterosexual families
	  Multigenerational families

"Moderately low"	Single parent families
"Low"	Stepfamilies Cohabiting heterosexual families

*While there may be many roads to family strength, there are common
landmarks found on each road.*

Perhaps the most striking message from this study has to do with the paradox of
commonality and uniqueness. Each family is unique unto itself, yet has in common
with other families certain characteristics related to structure, lifestyle stage,
challenges, ethnicity, etc. Yet with all the variations, the participants in our study
underlined the importance of families and family strength. The five landmarks
characterized in our study are crucial indicators on the road to family strength. The
key, however, is acknowledging and making room for these different roads.

We share a common goal of family strength. We have perhaps an infinite number of
routes to reach that goal, but common landmarks that will provide direction:
communication, health, spending time together, spirituality, and support.

MINNESOTA FAMILY STRENGTH PROJECT

Level 1 Research:
Statewide Telephone Interviews

Overview of Research
Procedure
Sample
Results
Sample of Qualitative Responses

LEVEL 1 RESEARCH: STATEWIDE TELEPHONE INTERVIEWS

BRIEF DESCRIPTION

This first level of the research project consisted of a random, stratified sample of 1,000 adults across Minnesota who responded to a telephone interview *(see Table 2, next page)*. This design was intended to yield a preliminary baseline of family strengths, families' perceptions of overall physical/mental and community health, and the relationship of these perceptions to family satisfaction. This sample was randomly selected in order for results to be generalizable to Minnesota families in general.

PROCEDURE

A questionnaire was developed to elicit information about how respondents defined family, how they rated their original and current family strengths, how they perceived other pertinent family variables, and general demographics. In addition, two open-ended questions were included that provided qualitative information about family life:

> **"What is one example of the way your family is strong?"**

> **"What are two things that you have done differently than the family you grew up in to meet the demands of the 90s?"**

Services of a professional research/marketing firm were contracted to provide a random sample across Minnesota and to interview respondents by telephone. Representatives from Allina's Performance Measurement and Improvement department provided a sample pool of Medica Health Plan members, from which a random sample was drawn for telephone interviews.

After consultation with the research firm, some questions were then modified according to the firm's experience in telephone interviewing. Responses from the interview were entered into their computer database and qualitative responses were then preliminarily coded according to content themes.

Interviews were conducted in November and December 1996 with an adult member of the household. The response rate from those contacted was 89%, a higher figure than anticipated by the research firm.

Table 2:   Sample Characteristics Participants

	N	% of Sample
Gender		
Male	371	37.1
Female	629	62.9
Age of Respondent		
18-24	42	4
25-34	198	20
35-44	238	24
45-54	321	32
55-64	90	9
65+	102	10
Ethnicity		
Asian	8	1
African-American	22	2
Hispanic	4	0.4
Native American	23	2
Caucasian	867	92
Other	10	1
Marital status		
Married	726	73
First marriages	603	60
Cohabiting	31	3
Single	111	11
Separated	8	0.8
Divorced	73	7
Widowed	42	4
Religion		
Protestant	529	53
Catholic	287	29
Jewish	7	0.7
Something else	81	8
No preference	81	8
Refused	15	2

RESULTS

1. What percentage of families in Minnesota considers themselves strong?

0.2% Not at all strong
1.4% Slightly strong
19% Generally strong
52% Very strong
26% Exceptionally strong

2. What characteristics do families report as indicators of family strength?

For the whole sample, the top five answers were:

❑ **WE COMMUNICATE ABOUT WHAT'S GOING ON; WE TALK ABOUT OUR LIVES.**

❑ **WE SPEND TIME TOGETHER; WE DO THINGS TOGETHER AS A FAMILY.**

❑ **WE'RE SUPPORTIVE OF EACH OTHER, WE HELP OTHERS; WE TRY TO BE THERE FOR EACH OTHER.**

❑ **OUR FAITH, OUR RELIGION; WE ATTEND CHURCH; WE'RE A CHRISTIAN FAMILY.**

❑ **WE LOVE EACH OTHER; WE HAVE A LOVING RELATIONSHIP; WE CARE ABOUT EACH OTHER; WE'RE CLOSE.**

3. Which demographic variables effect whether families consider themselves strong?

These demographic variables were more important:
- Income
  Note, however, that income was controlled for in many of the analyses, and that there were still significant differences among families regarding their strengths. Income alone does not account for their family strength.
- Education
- Marital status (married respondents were more likely to consider their families as stronger)

These demographic variables were NOT important:
- Age
- Number of years married

- Religious preference

4. How are Minnesota families defining themselves?

Here's what each participants' first three responses looked like.

The first family member mentioned was:
- 59%   Spouse
- 16%   Mother
- 10%   Son
- 7%   Daughter

The second family member mentioned was:
- 36%   Son
- 20%   Daughter
- 14%   Father
- 7%   Mother

The third family member mentioned was:
- 19%   Second son
- 18%   Daughter
- 12%   Second daughter
- 7%   Son

5. How else are families defining themselves?

- The total number of family members defined ranged from 0 ("Just myself") to 30 members.
- Four times as many respondents were more apt to define their family as large (22 members rather than "Just Myself").

- Since the most frequent definition included 3 members (not including the respondent), *the most frequently defined family included 4 members.*

- Pets were named as often as friends in the family definition.

- By the 24th (and beyond) listed family member, those named tended to be nieces, nephews, brothers-in-law, uncles, aunts, and an occasional half-sister.

6. What does the household composition look like for the overall sample?

73% married
28% married, no children in household
45% married, with children in the house
27% non-married

47% had no children in the household.
53% had children in the house
 8% non-married, with children

For those with children in the household:
84% were married
16% were non-married

Households typically were composed of the respondent, a spouse, and children.
20% One child
21% Two children
 5% Three or more children living in the household.

These figures contrast with the 1995 national demographics of 60,000 households, below.[6] (Minnesota statistics for 1995 were not available.)

2.65 People per household

25.5% Married couples with children
  29% Married couples without children
   9% Non-married, with children

10% Households with 5 or more people
25% Households with people living alone

7. **Which family members currently live inside the respondent's household more than 50% of the time?**

First Response:
63% Spouse
18% Just self (only 11 % of the sample identified themselves as single)
 9% Sons
 5% Daughters
 2% Mother
 1% Partner

Second Response:
27% Sons
18% Daughters

8. **How do *non-married* persons define their family?**

First response - Top 4 members:
   #1 = "Mother" (36%)

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[6] Ibid.

#2 = "Oldest son" (22%)
    #3 = "Oldest daughter" (14%)
6% of this group listed only themselves, no other family.

Second response:
    #1 = "Father" (31%)
    #2 = Assorted other children

Third response:
    #1 = "Older brother" (13%)
    #2 = "Younger brother" (8%)

9. How do *non-married* persons describe the composition of their household?

First Response:
54% "Just myself"
24% Children
 8% "Mother"
 4% "Partner"
  1% "Pet"

Second Response:
59% Children
15% "Father"
 5% "Partner"
11% "Siblings"
 8% "Pets"

10. Who are family members least mentioned?

Nephews, nieces, great nephews/nieces, brothers-in-law, uncles, and cousins.

Other parent figures: foster mothers, great-grandmothers, or grandmothers in role of mother.

Ex-spouses.

11. What are other differences in kinds of families?

Families who had children present in the household scored significantly higher in the following areas than families who had no children in the household:

- Family's physical health (healthier) ($F = 17.46$, $p. < .0000$)
- More satisfied with their family ($F = 13.48$, $p. < .0003$)
- Rated their families as stronger ($F = 8.14$, $p. < .0044$)

- More spiritual or religious (F = 3.75, $\underline{p}$. < .05)

There were no differences between these households in the following areas:
- Overall ratings of the family's mental/emotional health
- Satisfaction with spouse/partner
- Overall satisfaction with oneself
- Self ratings of mental/emotional health

The above are important results because previous literature has suggested that couples without children in the house have higher levels of marital satisfaction.

12. What characteristics are the strongest indicators of strong families?

- Very good physical health
- Satisfaction with their family unit (they not only think their family is strong, but they're also content with their family)
- Strong families of origin
- Very religious or spiritual
- Satisfaction with their spouse
- Tended to be intact marriages
- Broader definition of family (strong families mentioned almost twice as many members as the "not strong" families)

The *best* combination of variables to predict family strength ratings is the following, in descending order from the strongest to the weakest contributor within the set:

- ❑ **Family mental health**
- ❑ **Spirituality**
- ❑ **Family of origin strength**
- ❑ **Satisfaction with spouse**
- ❑ **Family physical health**

This combination of variables explained about 28% of what goes into family strength (R = .53, R^2= .28, $\underline{p}$. < .000)

13. How do respondents rank their current family compared to their family of origin?

Family of Origin		*Current Family*
7%	"Not at all strong"	2%
8%	"Slightly strong"	1%
24%	"Generally strong"	19%
34%	"Very strong"	52%
27%	"Exceptionally strong"	26%

14. How might we explain the difference between family of origin strengths and current family?

Poor memories! The fact that family of origin ratings are more negative than ratings for current families seems to contradict a tendency many people have to minimize past problems or loyally defend the family.

Some research suggests that subjects recall their families more positively at earlier childhood stages, and not as positive at adolescent stages.[7]

We asked for an "overall" family strength rating, not aimed at a particular childhood stage, so these results may reflect an "average" instead of a more negative cast stemming from adolescence.

Social bias toward believing that the current is better than the past.
However, that conflicts with those who tend to romanticize past and believe we need a "return to family values and the way families used to be." (Or, as Stephanie Coontz (1992) writes, "The way we never were."[8])

Education
Families in this sample were fairly well educated, and may be better informed about the nature of family dynamics and how to promote family strengths in their current families.

Media
Families may rate their current unit on a comparative basis to those families depicted in the media.

Compared to the seeming prevalence of "dysfunctional" families splashed across headlines and movies of the week, a person might believe his or her current family is "very strong."

This theory doesn't explain the lower rankings for family of origin.

The greatest differences in family ratings are at the lower end ("not at all" and "slightly" strong) and the "very strong" categories.

The high end (exceptionally strong) is proportionately constant. It may be the 1.5% represented in the lowest two categories reflects the trend that individuals are less willing to tolerate unhealthy or unsatisfactory relationships. The increase in the very strong category may reflect intentionality in creating healthy families

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[7] Hampson, R. B., Hyman, T. L., and Beavers, W. R. (1994). "Age-of-recall effects on family-of-origin ratings." *Journal of Marital and Family Therapy 20*, 61-67.
[8] Coontz, S. (1992). *The way we never were: American families and the nostalgia trap*. New York: Basic Books.

and raised awareness of the need for and contributing factors that create healthy families.

15. How do healthy/strong families view their community?

"On the whole, my neighborhood/community is a good place to live."

Neighborhood			*Community*
2%	Strongly Disagree	1%	
3%	Somewhat Disagree		3%
3%	Neither agree nor disagree		2%
19%	Somewhat agree		28%
72%	Strongly agree		65%

There were no significant relationships between how a family answered the neighborhood question and their family strength rating.

16. Do respondents that rank spirituality important also register a specific religious preference or affiliation?

No differences in family strength emerged in relation to families' specific religious affiliations.

However, this sample was not greatly diverse in religions.
    53% Protestant
    29% Catholic
    1% Jewish
    8% Something else
    8% No preference

17. Does family strength relate to the physical health of its members?

Yes, quite dramatically. There were significant differences in physical health ratings between the "exceptionally strong" families and each of the other family strength categories. Families who were exceptionally strong were significantly healthier than even the "very strong" families.

Family Strength's relationship to physical health
(mean ratings)

Not at all strong	4.00
Slightly strong	4.15
Generally strong	4.47
Very strong	4.89
Exceptionally strong	5.20

$(F = 25.17, \underline{p}. < .0000)$

18. Does family strength relate to the mental health of its members?

Yes, again quite dramatically. Those in the "exceptionally strong family" category had the highest ratings for mental health. Furthermore, these families scored significantly higher on mental health ratings than families in all other family strength categories, even the "very strong" families.

Family strength's relationship to mental health

Strength Category	(*mean ratings*)
"Not at all strong"	4.00
"Slightly strong"	3.77
"Generally strong"	4.32
"Very strong"	4.93
"Exceptionally strong"	5.36

$(F = 57.67, \underline{p}. < .0000)$

19. Does family strength relate to the community health of its members?

There were a few differences between family strength groups and how they rated their community, with strong families tending to rate their community satisfaction as higher. Although the differences were statistically significant, this was not as strong a finding as some of the other results.

SAMPLE OF QUALITATIVE RESPONSES

Introduction
Before examining what Minnesotans said about family life today, it might be useful to reflect on some statistics from the 1990 census:

Who lives in a "traditional" nuclear family, consisting of a married heterosexual couple and their biological children:

- 56% of Caucasian children
- 26% of African American children
- 38% of Hispanic children

If the definition is broadened to include stepfamilies and adoptive families, then about 71% of children lived in two-parent families in 1990. [Source: *Washington Post*, 8/30/94 article highlighting a Census Bureau Report.]

Because part of our purpose was to avoid imposing a definition of "family" onto our respondents, we invited them to use a definition indigenous to *their* family. In a like manner, we wanted to understand their definitions of family strength rather than presuming knowledge of any one family's particular strengths.

We therefore asked respondents to give us an example of the way their families are strong.

There was an additional area that lent itself to more qualitative exploration. That centered on the idea about how much family life has changed in the past two or three generations. We asked respondents to rate the strength of their family of origin as well as current family, but we also thought it would be valuable to know the variety of ways in which their current family life differs from family life as they were growing up.

So again we asked for examples of something they've done differently than the family in which they grew up, to meet the demands of the 1990s.

Responses to the open-ended questions were entered verbatim into the computer database, then coded for general themes which surfaced within the answers. Results are presented first with respect to the overall themes that emerged, followed by illustrative quotes from respondents.

"What is an example of the way your family is strong?"

The top five themes that emerged in response to this question focused on *communication, spending time together, supportiveness, spirituality,* and *loving each other*.

Communication Theme -- Sample of Responses

(Respondent number)

#109:   "Communication, even though there is distance involved, it's almost daily thanks to AT&T."

#293:   "Here again, it would be communication, because we talk more openly… I wouldn't tell her things ten years ago that I would tell her today."

#206:   "I think the communication is good and I think that is extremely important."

#2018: "Communication. A strong two-way communication between everyone in the household."

#2084: "Good communication. We take time out each week to talk about our feelings."

#2114: "We take a few minutes to talk to see what each other is doing."

#2560: "Good communication. We all talk to each other daily, even with the one in college."

#2832: "We communicate before getting into fights."

#10229: "We have family discussions and that keeps us close and strong."

#11128: "Talk everyday, and wife and I talk every morning before work."

#1011: "We have very open communication and there is unconditional trust and honesty. Communication can be difficult... Once it opens up everyone can be loving and honest. Forgiving is the key."

#1437: "We try to communicate well, letting each other know how we feel, and working out problems without corporal punishment."

#1664: "Large phone bills. Constant communication. My fiancé lives [out of the country]."

Time Together Theme - Sample of Responses

(Respondent number)

#177: "We do things together. We are not going in five different directions."

#199: "We do a lot of things as a family. We go away for weekends and go roller-skating."

#186: "...going to the movies or a park or golfing."

#268: "Well, we are all stuck together. We are always together, we do everything together. We vacation together. There has got to be some kind of strength in being together all the time."

#568: "We spend a lot of time together. We eat dinner together, we go on vacations together. We spend a lot of time at sporting events. We trust each other implicitly and talk about what's important."

#870: "We all do barn chores together. We don't segregate. We always eat our evening meal together."

#1162: "We take care of our granddaughter. I feel its more of an honor than a job. We want to be more a part of her life."

#1337: "I spend a lot of time with my son, I guess. Well, he spends all of his time with me. I don't do what other people do. I don't just sit down, I play games with him and draw with him and go to the part, just things like that."

#11201: "We do things together. We play games together in the house, play cards, Scrabble. We go sliding, skiing. We support each other. We go to school conferences. If my husband has a function at work, we go together."

#11524: "We enjoy being together. Family dinners, family outings and birthday celebrations."

#11614: "We do a lot of things together, we don't go off and do a lot of things ourselves. A lot of our activities are family centered."

#99997:   "I guess the fact that we just visited our son in college and went in debt to do that. It cost us $1200, but we felt it important to get in touch with him."

Supportiveness Theme - Sample of Responses

(Respondent number)

#114:   "If someone does something that is distasteful, we would not turn our backs on them or abandon them."

#300:   "My current family unit comes first before anything in the world to me, because they are most important to me."

#392:   "Help each other out. We're in a situation now as my husband got a new job so things that I usually do they have taken responsibility to do on their own, like making decisions on their own."

#404:   "We love them regardless of the mistakes they make. We teach them right from wrong. We don't get angry when they do wrong or make a mistake but just showing or telling them the right way. Sometimes you do have to let them guide their own way out."

#538:   "We need each other to survive, that's all. We are not stable enough to venture out and make it on our own."

#681:   "We can discuss issues without arguments. We are on each other's side when needed."

#1105:   "Well, even though my ex- and I are divorced we still make decisions."

#1136:   "We are really good friends. We encourage each other and try to be there for each other. We communicate either by letter or by phone... respect who they are."

#1240:   "We are always there for each other, if someone needs help or needs someone to talk to."

#1242:   "We are able to work together. Come thanksgiving dinner we will all be helping each other."

#1471:   "We give each other a lot of emotional and intellectual support, to try to better ourselves."

#1532: "In our coping skills and communication and love. Just life every day is stressful, we balance each other out, we can complement each other."

#1631: "If you really need help they are there. If an emergency arises, you may have differences by they are always there to help you."

#1726: "We stick up for each other. If someone is arguing, we stick up for them."

#2154: "...When I have a problem, I have a family to depend on."

#2242: "I do all of my outside work by myself. I am alone and I take care of everything."

#2431: "We rely on each other; I had a heart attack and everyone was there. You realize life is fragile."

#2469: "I've got a good job. I am independent and live on my own and am free."

#3047: "Raising children is everybody's responsibility, not just the parents."

#3609: "I think we're loyal to one another. If anyone needs a helping hand or if anyone needs to celebrate something, we're there too."

#5130: "I think my kids are very independent and can do things on their own."

#5348: "We both share the work at home and we both share the income. We share the housework, and the grocery shopping."

Religion/Spirituality Theme - Sample of Responses

#215: "We worship together. We go to church together and we talk over the phone a few times a week."

#612: "We share a lot of our feelings, worship together. We keep in touch with letters and telephone. We communicate more because of the present technology."

#1015: "We have two parents. It's an added plus. We have strong faith, that keeps us together."

#1025: "We're a strong family based on biblical principles. We share our feelings, we are open and respectful and always willing to listen."

#1090: "We are a Christian family and we pray together."

#1277: "We believe in commitment. Once we make a commitment we keep it. We have faith in God and He gives us the power."

#1677: "Spiritual. We both participate in the same religious organization."

#1935: "Just in our love for each other. And our faith we draw our Christian faith for each other."

#2248: "We have an extremely strong faith in God. My husband is a pastor and my father was a pastor. Our strength is our belief in God, strength of a strong family. We enjoy each other a lot, we have strong communication, we talk a lot. We respect each other."

#2599: "We both have been brought up in the church. The kids are brought up in the church."

#2892: "We're strong in our belief in God. We believe in hard work, honesty and love one another and always try to lend a helping hand, be charitable with one another and treat everyone in life the way you want to be treated."

#2970: "Religion. You live by the Bible, have good morals and treat your wife good. When you go away from that, that's when you have problems."

#2986: "We have very strong faith in God."

#4160: "Spiritually, by living a native American way of life, that's what we are all going by; alcohol and drug free."

#4226:   "Continue to keep family and religion valued the same through all generations."

#4825:   "We were very rich as in God and raised on a farm. Poor financially."

#11028:   "Spiritual connection between me and my husband."

#99996:   "I think our faith has made us stronger, and that is also something that we did not have when I was growing up."

QUALITATIVE QUESTION II:

"What is one thing you have done differently than the primary family you grew up in to meet the demands of the 90s?"

The top three responses to this question centered in the areas of *work involvement*, *family involvement*, and *communication*. Oftentimes all three themes would emerge in a single respondent's answers. For that reason a sample of responses are given that illustrate the top three themes both separately and collectively.

Sample of Responses to Qualitative Question II

"My spouse and I both have jobs and we communicate better and have common goals. We limited our family size so we could financially support our family."

"I have not married. I'm trying to put the 90's values into my lifestyle; for example, I didn't believe in the corporate way of business, so I quit my job and I travel and try to help others, like the disabled. My family is traditional and wants me to settle down, but I want to go a different way."

"We try to break the taboo where the children are seen and not heard. We have regular family meetings where everyone has 'a say' in things. An open forum. We try to be more open and honest with our children as to what is going on. We cope with things together so one person isn't handling the burden of any difficulties."

"We both work outside the home. We share responsibilities differently. My father did not cook, and I, a male, cook about 80% of the family meals. We share decision making much more."

"My mother didn't drive while I do. I had to take my kids to school, my mother didn't. We had a higher standard of living then than now. I am a working woman and my mom didn't work."

"Help our children more financially than I was helped. Much more liberal. Not as religious as my family. Before things were just right or wrong, but now there is a gray area to consider."

"I keep closer tabs on my children. I worry about them more than my parents worried about me."

"Nothing really different. We find a great similarity as we have followed our parent's examples. They were excellent examples."

"Geez, I don't know. I have to work harder than my dad did and I'm not married, that's different. And I guess we're more spread out than we were back then."

"I've had to do more of the things that my mother did that my father didn't. I play a different role than my father did. I've had to think of myself as not in charge of the household, like housework and cooking. The way I was raised the male is responsible for all that happens in the household."

When families listed a second example of what they're doing differently today from the families they grew up in, a new theme emerged, one of *lifestyle differences*, such as:

- "We don't drink, or not in front of the children."
- "We're healthier, we exercise more, we eat healthier."
- "We have no (or fewer) children."
- "Children go to daycare; we use childcare."

MINNESOTA FAMILY STRENGTH PROJECT

Level 2 Research:
Twin Cities Metropolitan Area Sample of Families

Overview of Research
Procedure
Methods
Sample
Results

LEVEL 2 RESEARCH: TWIN CITIES METROPOLITAN AREA
SAMPLE OF FAMILIES

BRIEF DESCRIPTION

The second level of the *Minnesota Family Strength Project* consisted of a purposeful sample of 400 families (850 individuals) who came to community sites throughout the Twin Cities metropolitan area. This sample was not randomly selected, but participants were actively recruited in order to obtain a better representation of:

- Multi-problem/needy families
- Families of color
- A diversity of family forms (e.g., single-parent, stepfamilies, etc.)
- A diversity of family functioning (ranging from low to high functioning).

Results from this sample, therefore, were informative and descriptive, but may not represent all families within each of the targeted sub-samples.

PROCEDURE

Two main goals guided efforts at recruiting participants for Level 2. The first was to obtain a representation of a variety of family forms; the second was to obtain a larger representation from families of color and others who have traditionally been under-represented in family research.

A random sampling procedure was not a reliable method to meet these goals, because it could have resulted in a sample that reflected more "mainstream", middle-class, majority culture families (similar to the results we obtained in Level 1). Such a sample might have represented the majority of the families in the metropolitan area, but we would not have been assured of tapping those families who generally are not recruited due to their extreme mobility, lack of phones, etc.

Thus, we had four targeted sub-samples for inclusion in the study:
A. Multi-problem/needy families
B. Families of color
C. A diversity of family forms (e.g., single-parent, stepfamilies, etc.)
D. A diversity of family functioning (ranging from low to high functioning).

In order to maximize our opportunities to recruit these sub-samples, we secured the participation of a variety of organizations, and made some assumptions about what sub-samples were likely to be available at each organization.

Thus, the following organizations were assumed to have a high probability of providing the sub-samples mentioned above:

- Community Centers (A., B., C.)

- Work places (B., C., D.)
- Family service organizations (A., B., C.)
- Places of worship (C., D.)
- Specific sites, such as agencies working specifically with families of color (A., B., C., D.)

In all, nineteen different organizations were involved, representing thirteen different geographic regions within the metropolitan area. A listing of the nineteen organizations and their geographic locations is as follows:

- Northside Residents Redevelopment Council, Minneapolis
- Women's International Self Reliance Enterprise, Brian Coyle Community Center, Cedar-Riverside area of Minneapolis
- Family & Children's Service, at its four branch locations: Northwest Hennepin (in Brooklyn Park), Downtown Minneapolis, Lake Street in South Minneapolis, and South Hennepin (in Bloomington).
- Camden Neighborhood/Henry High School Community, North Minneapolis
- Simmons Community, in cooperation with Trinity Lutheran Church of Minnehaha Falls, South Minneapolis
- American Refugee Committee, Minneapolis
- Phyllis Wheatley Community Center, Minneapolis
- Vision of Glory Lutheran Church, Plymouth
- Elim Baptist Church, Minneapolis
- Spirit of the Lakes Church of Christ, in cooperation with OutFront Minnesota, Minneapolis
- Emmaus Lutheran Church, Bloomington
- University of Minnesota, Minneapolis and St. Paul campuses
- Children's Home Society of Minnesota, St. Paul
- Mounds Park All Nations Magnet School, St. Paul
- Minnesota Department of Employee Relations, Office of Diversity & Equal Opportunity, St. Paul
- Chicanos Latinos Unidos en Servicio (CLUES), St. Paul and Minneapolis branches
- St. John the Evangelist Episcopal Church, St. Paul
- Vadnais Heights Citizens for a Responsible Government, Vadnais Heights
- City of Shoreview, Shoreview

RECRUITMENT

A Family Recruitment Coordinator identified potential organizations and their leaders, explaining the purpose of the study and the criteria for inclusion as a participant. The local leader then recruited participants, with particular attention to various family structures and the inclusion of more than one member from each family, when possible. Adolescents from 12 to 18 years of age could participate with a parent/adult. Adults were given an incentive of $20 for completing a questionnaire

packet; adolescents were given an incentive of $10, with a maximum of two adults and two adolescents paid per family.

METHODS
When families arrived at the data collection site, each individual was given a packet of materials that included a consent form, demographic questions, similar questions asked from Level 1, and questions from standardized family assessment instruments. The length of time required to complete the packet ranged from 30 minutes to slightly over one hour. Research assistants helped to distribute packets, answer questions, and disburse incentive payments. Each individual packet was coded with a family and individual number. When more than one family member participated, individual packets were placed into a family packet by the research assistant.

INSTRUMENTS
The family scales used in the *Minnesota Family Strength Project* were part of the Family Inventory Package developed by Dr. David H. Olson and colleagues in Family Social Science at the University of Minnesota. One of the key contributors to the latest version of these scales was Dr. Judy Tiesel, who directed the *Minnesota Family Strength Project*.

The *Family Inventory Package* contained the following family scales:

- Family Adaptability & Cohesion Evaluation Scales, IV (FACES-IV), 24 items
- Family Communication, 10 items
- Family Problem Solving, 10 items
- Family Stress, 20 items
- Family Strengths, 12 items
- Family Satisfaction, 10 items

Investigators also used the 38-item *Mental Health Index* published by Veit and Ware (1983), including its 14-item sub-scale for Psychological Well-Being.[9]

Allina Health Systems/Medica Health Plans provided two instruments used to measure participant's health status:
- Health Perception Scale (Health Status Questionnaire 2.0), 5 items
- Physical Functioning Scale (Health Status Questionnaire 2.0), 10 items

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[9] Veit and Ware (1983). The structure of psychological distress and well-being in general populations. *Journal of Consulting & Clinical Psychology*, 51:5, 730-742.

Table 3: Comparison of Sample Characteristics

	Level 1		Level 2	
Total Sample	1000 Individuals		850 Individuals	
			405 Families	
Sample Type	Random, stratified		Purposive	
	(Adults only)		Adults & Adolescents	
Geographic Area	Statewide		Twin Cities Metropolitan	
Gender	**N**	**%**	**N**	**%**
Male	371	37	331	38
Female	629	63	499	58
Age				
12-13			75	9
14-15			55	7
16-17			45	6
18-24	42	4	72	9
25-34	198	20	172	21
35-44	238	24	183	23
45-54	321	32	155	19
55-64	90	9	54	7
Ethnicity				
Asian	8	1	13	2
African-American	22	2	175	21
Chicano/Latino	4	0.4	42	5
Native American	23	2	53	6
Caucasian	867	92	508	61
Another race			10	1
Mixed race			30	4
Marital Status				
Married	726	73	358	56
Cohabiting	31	3	79	12
Single	111	11	129	20
Separated/divorced	81	8	59	7
Widowed	42	4	12	1
Education				
High school or less	5	12		
H.S. graduate	23	16		
Vo-tech/some college	34	27		
College graduate	24	26		
Post grad	14	20		
Total Household Income				
Less than 10,000	4	19		
10,000- 19,999	9	11		
20,000 - 29,999	11	11		
30,000 - 39,999	15	13		
40,000 - 49,999	14	12		
50,000 - 74,999	20	23		
75,000- 100,000	9	7		
100,000 or more	5	5		

How respondents ranked their current family strength as compared to the strength of their family of origin:

SELF-REPORTED FAMILY STRENGTH	Level 1 Family of Origin (%)	Level 1 Current Family (%)	Level 2 Family of Origin (%)	Level 2 Current Family (%)
Not at all strong	7	0.2	9	2
Slightly strong	8	1	17	9
Generally strong	24	19	29	29
Very Strong	34	52	31	40
Exceptionally Strong	27	26	15	20

Sample Summary. Overall, the Level 2 participants approximated the Level 1 sample with regard to gender (roughly 60% female, 40% male). With other demographic characteristics, however, the Level 2 sample was different. The age range was much greater, due in part to their inclusion of adolescents in the sample. With respect to ethnicity, the Level 1 sample was 92% Caucasian. In contrast, the Level 2 sample was 60% Caucasian, and 40% families of color. Nearly three-quarters of the Level 1 sample were married, while slightly over half of the Level 2 sample was. More than twice the number of Level 2 participants had educational levels of high school or less, and almost five times as many of them had incomes of less than $10,000. Finally, many more in the Level 2 sample rated their current families as less strong than did the Level 1 sample.

RESULTS

1. How do family strengths vary by cultural affiliation?

Families considered themselves similarly strong among all cultures. The differences between ethnic groups were either nonexistent or not very compelling. There were two ways to measure family strength: a 1-5 self-rating scale, and an established family strength index. When families rated themselves 1-5 on family strength ("not at all strong" to "exceptionally strong"), there were no significant differences between ethnic groups.

When families responded to questions on a family strength index, there were no differences between groups for adolescents. For adults, their scores showed some slight statistical differences, but nothing of practical significance.

What is clear is that *all* ethnic groups had mean scores that fell into the "moderate" range for family strengths. This indicates that all these groups similarly appreciate positive family interactions, are fairly confident that problems will be solved, and generally feel close to and supported by other family members.

The finding that self-ratings were higher than index scores may suggest a couple of things. First, families may tend to idealize their own families, thus rate them towards the high end of the continuum. Second, there may be more to the "equation" of family strength in the late 1990's than what is revealed through the family strength index.

2. How do family variables vary by family structure?

Family structure refers to the type of family configuration or "constellation," such as "traditional" two-parent families, stepfamilies, single-parent families, etc. The following family structures, identified by respondents' reports of their household composition, were analyzed in this project:
- Single persons
- Single-parent families
- Stepfamilies
- Traditional two-parent families
- Multigenerational families (e.g., 3 generations in the household)
- Cohabiting couples with children present in the household
- Cohabiting couples without children present in the household
- Gay/lesbian families without children present in the household
- Gay/lesbian families with children present in the household

When the adolescents' results were analyzed, there were no meaningful differences in scores between family structures.

From the adults' perspective, however, there were striking distinctions between family structures. There were significant differences between groups for the following 11 variables:

<u>Variable 1: Family strength</u>
Gay/lesbian families without children in the house scored highest on the family strength index. These scores would fall in the "high" category on an interpretation summary, suggesting that these families have many positive interactions with other family members, are usually confident that problems can be solved, and feel well connected and supported.

Gay/lesbian families with children had scores that more closely matched "traditional" two-parent and multigenerational families. Their scores fell into the "moderate" range, suggesting that these families appreciate positive family interactions, are fairly confident that problems will be solved, and generally feel close to and supported by other family members.

Single-parent families also fell into the moderate range of family strength, along with single persons. Their scores plotted into the low-moderate range when contrasted to the families above, whose scores plotted into the high-moderate range.

Stepfamilies and cohabiting families, both with and without children, scored predominantly in the "low" range of family strength, although stepfamilies scored significantly higher than cohabiting families with children. Low scores suggest that these families have some positive interactions in the family, but are less confident that problems are resolvable, and tend to feel a lack of connection and support.

<u>Variable 2: Communication</u>
Same approximate pattern as above. There is a slight tendency for single-parent families to score higher on communication than multigenerational, step- and cohabiting families.

<u>Variable 3: Family satisfaction</u>
Same pattern as with family strength.

<u>Variable 4: Family of origin strength</u> (adult respondents only)

The highest ratings were found in members of "traditional" and multigenerational families, while the lowest ratings were found in gay/lesbian and cohabiting families.

Variable 5: Physical Health scores (adult respondents only)
Differences here broke out roughly along the lines of whether or not there were children in the house. If children were present in the household, families tended to be healthier, except for stepfamilies. The lowest scores fell to those who had mainly adults in the house, which suggests these families may have older adults who tend to have more health concerns. Perhaps the presence of children, with the need for regular check-ups and vaccinations, keep family members more health conscious despite the inevitable colds, flu, and childhood diseases. Or perhaps families with children are using similar families as their basis of comparison (e.g., "I am as healthy as anybody I know") and so seem relatively healthy, while adult-only families may be using a "younger-self" standard of comparison.

Variable 6: Family mental health ratings (1-5) and Veit and Ware's Mental Health Index
Similar in pattern to "Variable 1: Family strength."

Variable 7: Neighborhood scores
Some tendencies toward significant differences, but not very persuasive. "Traditional" families tend to have the most positive experiences in the neighborhood.

Variable 8: Problem-solving skills
Cohabiting families, with and without children, had significantly worse problem-solving skills than any other kind of family structure except for stepfamilies.

Variable 9: Satisfaction with spouse/partner
Gay/lesbian couples (no kids in house) were significantly more satisfied than every other group, followed by "traditional" marriages.

Variable 10: Spirituality ratings
Similar pattern to family strength responses.

Variable 11: Stress scale
The group reporting the highest number of stressful events were cohabiting couples with no children in the house. They ranked in the "very high" range for family stress, suggesting an excessive level of stress.

Single-parent families ranked second in reporting the highest number of stressful events. Their scores fell predominantly in the "high" range for family stress, suggesting they have many stressful issues that need to be addressed. They were

followed by stepfamilies (whose scores were almost identical to cohabiting adults with kids in the household). The lowest amount of stress was reported by gay/lesbian couples without kids, and by "traditional" families.

Summary:
There were eleven indicators of family strength chosen to examine potential differences between family structures. In general, gay/lesbian families tended to score most consistently as the healthiest or strongest of the family structures, despite the perception that their original families were the least strong.

Cohabiting families, especially when there were children present in the house, scored most consistently as the least strong. "Traditional" families tended to score high, usually followed by multigenerational types of families. Single-parent families tended to score higher than stepfamilies on most indicators of family strength, except for issues related to the neighborhood.

Discussion of Results of Differences in Family Structures:
The strength of the gay/lesbian families is striking, particularly in contrast to those heterosexual couples who are cohabiting. While neither group is legally married, their results in terms of family strength characteristics are at opposite ends of the spectrum. Perhaps same sex couples, in their struggle to survive in a relatively hostile culture, have developed better communication skills. Since committing to form a gay/lesbian family relationship is a more thoughtful and considered process than is the case for cohabiting heterosexual families, this difference may be reflected in higher scores on family strength indicators. Perhaps it also reflects some self-growth or work on relationship issues at an individual level, if weaker family of origin strength experienced by gay/lesbian individuals served to motivate them to create stronger families of their own.

On the other hand, the gay/lesbian families in this sample do not represent the entire range of gay/lesbian families. Many of the same-sex couples in the study were recruited from church congregations, which may suggest a certain bias in the sample since we don't have a comparable group of unchurched gay/lesbian families. Thus, these results should not camouflage the needs and problems which have gone under-reported in the past, (e.g., domestic violence among same sex couples). Perhaps one of the factors that contributes to the strength of gay/lesbian families is a supportive religious community or expression of spirituality through a congregation. To the extent that family strength is an expression of feeling well connected and supported, a congregation may uphold or reinforce such strength.

The less healthy results of cohabiting families may reflect a lack of planning or commitment to the arrangement or the persons within the family. Some research suggests that women often struggle the greatest in these families due to an

increase in "second shift" workload and without any economic security that might be present in a legal marriage.[10] Further, the addition of children of one of the partners may also increase the family stress levels since they may not have had a "say" in the living arrangements. (Stepfamilies may also have this same dynamic occurring with children who are less than pleased with the remarriage of a parent.) These families have the highest reported stress, but the least developed problem-solving skills. It's possible that a decision to cohabit may reflect poor problem-solving skills.

It would appear that married/partnered adults (except for cohabiting couples) and/or extended structures may serve to strengthen families or to buffer against stress. Single-parent families don't have the cushion of extra adults, so there are fewer members to share the stress load. However, one of the strengths of single-parent families emerges in a tendency toward better communication skills. Given the fact that the majority of single parent families in the US are female headed and living in poverty,[11] the dissatisfaction of these families with their neighborhood is understandable.

3. **Do individual family members' responses on family strength match other family members' responses?**

Overall, as a group, adolescents perceived the family as less strong or less functional than the parents/adults. Kids saw their family as more chaotic, disengaged, enmeshed, and rigid than did the adults of the family. They also saw their family as *less* strong, "into the neighborhood," able to communicate, able to problem solve, and less satisfied. In other words, the adolescents saw several problem areas for the family.

There were no significant differences between husbands and wives or adult partners on perceptions of family satisfaction, family strength, or satisfaction with their spouse/partner.

Discussion
Several studies suggest that adolescents and their parents experience "divergent realities"[12] in family life. Explanations for this may include an adolescent's limited life experience or understanding of the family as a whole. Their source of support is moving from family to peers, so they may not be as in tune as other family members. Conversely, the adolescent may have a more accurate perception since he/she is moving to an "outsider" position in the family.

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[10] Hochschild, A. (1989). *The second shift*. New York: Viking.
[11] See also: Rettig, K. D., Christensen, D. H., and Dahl, C. M. (1991). "Impact of child support guidelines on the economic well-being of children." *Family Relations. 40*, 167-175.
[12] Larson, R. L., and Richards, M. H. (1994). *Divergent realities: The emotional lives of mothers, fathers, and adolescents*. New York: Basic Books.

Outsiders tend to score families in a less positive direction than the adult "insiders" to a family.

Regarding the finding about no differences in satisfaction levels between partners, this is significant because traditionally wives have reported less satisfaction than husbands. It's a dynamic that noted sociologist Jesse Bernard described as "his marriage" and "her marriage."[13] In this project, it may be that the strength of the same-sex couples helped to ameliorate some of those differences. To the extent that husbands may be carrying more of the household responsibilities and relieving women's workload, women may be more satisfied, or men less satisfied, or their experiences may more closely mirror each other.

4. Does family consensus (or discrepancy) vary by family structure?

A cautious "Yes." Family consensus seems to follow the same pattern as other findings about family structure (see Question 2). However, there were no significant differences between groups on discrepancy scores. That is, no group had an overwhelming number of families who varied greatly within their unit.

The idea of discrepancy is important because the same family mean (average) could represent very different pictures of family life. For example, a mean score of 5 could be produced from three scores of 5, 5, and 5. Or, a mean of 5 could result from very different individual scores of 1, 10, and 4. The family represented by this latter example of widely discrepant viewpoints would probably function quite differently from the family who pretty much saw things the same way, as represented in the first example.

5. How do families use the community? Does it vary by rankings of strength?

There's a weak but significant relationship between family strength, and how connected to and positive people feel about the neighborhood. Stronger families know their neighbors, help each other out, feel at home in and a sense of history with the neighborhood, and would tend to not move away even if they could. Stronger families are also more satisfied with their neighborhood and their community.

There also seems to be a difference between ethnic groups in the way neighborhoods are used. African American families reported more frequent use of the neighborhood in terms of shopping, banking, spending leisure time and attending school in the neighborhood. In contrast, Chicano, Native American, and Caucasian families almost never attend school in the neighborhood. All groups

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[13] Bernard, J. (1982). *The future of marriage*. New Haven: Yale University.

reported they "almost never" go to work in the neighborhood. Caucasian families were the most satisfied with their neighborhood. Native American families felt the least positive or invested in their neighborhoods.

6. What is the range of resources that families use, and which options are used most frequently?

Below are the top three responses to the question, "If you needed help for a problem, how often would you choose the following?"

	Very Often (%)	Often (%)	Sometimes (%)	Occasionally (%)	Almost Never (%)
Physical Problems					
Prayer	27	18	16	16	23
Exercise	9	17	29	26	20
Ignore it	8	23	26	26	17
Personal Problems					
Prayer	28	18	16	13	26
Family/Friends	14	20	23	24	20
Ignore it	9	17	23	25	27
Family Problems					
Prayer	28	17	16	13	26
Family/Friends	15	19	21	25	20
Ignore it	14	12	16	16	42

Ranking of helping persons sought for help with specific types of problems
The scale ranges from (1), most frequently identified as helpful, to (5) least frequently identified as helpful. In the case of ties the next lowest rank is labeled "n/a".

HELPFULNESS	Physical Problems	Personal Problems	Family Problems
Highest (1)	MD	Counselor	Counselor
(2)	Counselor	MD	Clergy
(3)	Chiropractor/Clergy	Clergy	MD
(4)	n/a	Chiropractor	Chiropractor
Lowest (5)	Psychic	Psychic	Psychic

Summary
Prayer is the most frequently used resource for physical, personal, and family problems. For family problems, respondents were more likely to use religion than a

counselor, and less likely to ignore family problems than personal or physical problems. Physical exercise was a popular resource for physical and personal problems, but not as much for family problems. Of the helping persons listed as resources for problems, medical doctors were used most frequently for physical problems, and counselors/therapists for personal and family problems.

7. When are families likely to contact a professional for help in family problems?

Immediately   Physical violence
Sexual abuse
Child runs away
Slapping/pushing by adult family members

After 1 month   A family member's constant sadness
Child has problems at school

After 6 months   Constant arguments between adults
Sexual problems between adults
My own constant sadness
Communication problems

After 12 months   Nothing compelling

No contact   Name calling between members
Adult's work problems
Sibling conflicts

Discussion
These responses suggest that family members are likely to know which problems are cause for immediate concern. What is not as evident from this study is whether family members actually act on that knowledge. It is one thing to have a cognitive understanding that slapping or pushing by an adult in the family is a signal for immediate professional help. As victims of chronic abuse will attest, it is another thing entirely to actually seek help in the immediate aftermath of physical violence. On the other hand, these results may reflect the efforts that metropolitan area counties have exerted to raise awareness of and prevent family problems such as those listed in the "immediately" category, since abuse and neglect statistics for Minnesota's youth have improved.[14]

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[14] Cummins, H. J. (1996). "Abuse down, risky behavior up, says report on state's youth." *Star Tribune*, Minneapolis, Minnesota, pp. A1, A14.

Another finding worth noting is the tolerance for one's own constant sadness in contrast to a family member's constant sadness. Evidently respondents would be likely to seek help for a depressed family member after only one month, but are willing to tolerate their own depression at least six months before seeking help. Do subjects perceive their own depression is less evident to other family members, and therefore more manageable? If others in the family urge one to get help after observing the sadness for one month, does that suggest that the depression has actually been ongoing (but not observable) for the previous six months? And what does the delay in help portend for the prognosis of the depression or the possible toll of the increased stress on the heart?[15]

8. What do families find stressful?

Top 4 stressors named by families:
- "Lack of time to relax and unwind."
- "A child(ren) didn't complete chores."
- "Arguments between parents and children."
- "Household tasks were undone."

Least stressful:
- "Issues because of pregnancy or recent birth of baby."
- "Parent was away from home on business."

Discussion
These results seem to confirm the literature that shows the daily hassles of life are more wearing on individuals than isolated, more severe stressors. Certainly if chores and household tasks weren't completed, there would be no time to relax and unwind during the day or on days off.

The family stress literature suggests that if the stressor event is clearly defined, the family can mobilize their resources to manage the stress.[16] If, however, the stressors are more chronic, such as ongoing arguments or unfinished tasks, the family may have made numerous attempts to organize or resolve the problem, but seemingly without success.

If the family consequently believes they are ineffective or have inadequate resources to deal with the stress, the stress level will increase. *It's also striking that these identified stressors can interfere with some of the routine "rituals" — such as eating meals together — that families in Levels 1 and 3 described as helping to keep their family strong.*

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[15] "Depression may increase heart attack susceptibility" (1997). *Star Tribune*, Minneapolis, Minnesota.
[16] Boss, P. G. (1988). *Family stress management*. Newbury Park, CA: Sage.

9. **What is the nature of family strength within specific communities of color?**

<u>African Americans</u> — The indicators that seemed to distinguish "exceptionally strong" families from the others were:
- Family's physical health ratings
- Mental health scores
- Stress scores (an inverse relationship)
- Communication
- Spirituality ratings

<u>Chicano/Latino</u> — The indicators that seemed to distinguish "exceptionally strong" families from the others were:
- Mental health scores (no difference between "exceptionally strong" and "very strong")
- Communication

<u>Native American</u> — The indicators that seemed to distinguish "exceptionally strong" families from the others were:
- Communication
- Family's physical health ratings (no difference between "exceptionally strong" and "very strong")
- Spirituality ratings
- Mental health scores
- Stress scores

<u>Another or mixed race</u> — The indicators that seemed to distinguish the "very strong" group (here the "very strong" group was the highest rating) from the others were:
- Communication
- Family's physical health ratings

Overall, there were some indicators that were *not* significant for families of color:
- "Health" scores
- Physical functioning scores
- Neighborhood scores (The health and neighborhood scores were not significant for Caucasian families, either.)

Discussion
These findings must be interpreted cautiously, because there were relatively few respondents in some of the groups. These results should not be generalized to all families of color or specific ethnic groups, but they do provide grounds for further inquiry. The emerging results from Level 3 already appear to support these same indicators. These results should be discussed only in the context of and together with the Level 3 results.

The health and physical functioning scores probably were not significant because the instruments (scales) are quite narrow in focus and don't tap the health qualities that may be of more importance to a particular culture, such as exercise and harmony.

10. Does family strength relate to the physical, mental, or community health of its members?

For adolescents, their scores on family strength scale related to:
- Family satisfaction (.82)
- Neighborhood use/value (.33)
- Physical health scale (.26)
- Mental health (.65)

For adults, their scores on family strength scale related to:
- Family satisfaction (.81)
- Neighborhood use/value (.25)
- Physical health scale (.21)
- Mental health (.58)

All correlations are significant at $p. < .000$.

Summary: In our overall sample, family strength was strongly related to family satisfaction and mental health, slightly to moderately related to neighborhood health, and somewhat but still significantly related to physical health.

11. For Level 2, what characteristics are the strongest indicators of strong families?

- Family mental health ratings
- Communication (scores on an instrument)
- Mental Health Index scores
- Spirituality ratings
- Physical health scale scores
- Satisfaction with spouse
- Family physical health ratings

This combination of variables explained about 53% of what goes into family strength, which is very high for the family field ($R = .73$, $R2 = 53$, $p. < 000$).

OTHER FINDINGS

✓ 21% of the adult sample didn't know if their health insurance plan had mental health coverage.

✓ 34% didn't know if their health insurance covered a therapist office call for family or relationship problems.

✓ For personal problems, 48% had never been to a therapist, 25% always used their insurance for a therapy visit, and 27% paid out of pocket, either because their insurance wouldn't pay (19%) or because they didn't want the insurance plan to know of their office visit (8%).

✓ For family-related problems, 51% had never been to a therapist. Of those who had seen a therapist, 24% always used their insurance for a therapy visit, and 26% paid out of pocket, either because their insurance wouldn't pay (19%) or they didn't want the insurance plan to know of their office visit (7%).

✓ *If they had health insurance, and their insurance plan provided a preventative check-up for mental health or family-related problems for little or no co-pay, would they schedule an appointment?*

- For a mental health check-up
  33% were absolutely sure they would schedule an appointment
  25% were pretty sure
  21% were not at all sure
  16% would not schedule
   5% said they wouldn't schedule for self, but would for a family member

- For a family relationship check-up
  33% were absolutely sure they would schedule an appointment
  24% were pretty sure
  23% were not at all sure
  17% would not schedule
   4% said they wouldn't schedule for family, but would schedule a
       marital/partner check-up

MINNESOTA FAMILY STRENGTH PROJECT

Level 3:
Interactive Family Strength Groups

Brief Description
Procedure
Methods
Sample Characteristics
Overall Results
Emerging Themes from Family Groups
African American
American Indian
Chicano/Latino
Somali
Vietnamese

LEVEL 3 RESEARCH: INTERACTIVE FAMILY STRENGTH GROUPS

BRIEF DESCRIPTION

Based on the results from the two previous levels, a team of culturally appropriate researchers was convened to better understand the nature of family strength in families of color. Interactive Family Strength Groups were held in the Twin Cities for five different ethnic groups: African Americans, American Indians, Chicanos/Latinos, Somalis, and Vietnamese. In all, twelve different groups were held ranging from 5-18 individuals per group.

This sample was not randomly selected, but was recruited by the efforts of various community leaders. Different sites were used to recruit a variety of families within a specific ethnic group. Results from this sample, therefore, are exploratory, and may not represent all families from these five targeted ethnic groups.

RATIONALE

In creating a methodology for Level 3, we wanted to explore:

- The characteristics facilitating family strength within specific communities of color.
- The nature of health care or barriers to health care for families of color.
- A methodology that is culturally sensitive and respectful of families of color.

These goals were developed in keeping with the objectives of the original proposal design, which was to allow the findings from Levels 1 and 2 to guide the development of Level 3. The sample in Level 1 was 92% Caucasian, thus contributing very little to our knowledge of families of color. In Level 2, we intentionally recruited families of color as 40% of the sample.

During the course of collecting data at different community sites, participants from various ethnic groups told the research team that the paper-and-pencil questionnaires were not very appropriate, especially for groups whose native language was not English. Furthermore, some respondents felt frustrated with either the presence of some or absence of other questions. Some families of color commented that a questionnaire was not part of their cultural experience for communicating and sharing information.

In response to these concerns, in the third level of the study we introduced a method of family research still relatively new to mainstream family studies. *Interactive family strength* groups were created to explore family strength within five different ethnic groups. At least two of the ethnic groups have a cultural history of gathering information in this manner: American Indians use "Talking Circles" and Chicano/Latinos practice "La Platica."

PROCEDURE

Based largely on their population numbers, five ethnic groups were chosen for further study: African American, American Indian, Chicano/Latino, Somali, and Vietnamese. The research director and family strengths group coordinator then identified family researchers and community leaders who were willing to participate in the study.

Family researchers were identified for their experience, ability to moderate groups, and education in the family research literature. Community leaders were identified for their recognized leadership qualities in the community of color, as well as for their ability to recruit participants for the interactive groups.

The following persons agreed to facilitate the interactive groups:

- African American Interactive Groups, held at Sabathani Center and St. Peter's AME Church
  - Dr. William Allen, Family Researcher
  - Jayne Higgins, Community Leader
  - Felia Beasley, Community Leader

- American Indian Interactive Groups, held at the Minnesota Indian Women's Resource Center
  - Cara Beames-Roberson, Family Researcher
  - Betty Bowstring, Community Leader

- Chicano/Latino Interactive Groups, held at La Familia Guidance Center in both Minneapolis and St. Paul
  - Roberto Aviña, Family Researcher
  - David Jimenez, Community Leader

- Somali Interactive Groups, held at Brian Coyle Community Center
  - Hassan Eibakar, Family Researcher
  - Ali Mohammed, Community Leader

- Vietnamese Interactive Groups, held at Brian Coyle Community Center
  - Hung Khong, Family Researcher
  - Jordan Nguyen, Community Leader

Meetings were then held with each of the five family researchers and community leaders to discuss the appropriateness of this method of research, the relevance and sensitivity of potential questions, and the logistics of meetings for that particular ethnicity (e.g., interpreters, number of sessions needed, etc.). Suggestions from the leaders were incorporated into the study design.

In order to meet the goal regarding health care, a meeting was scheduled with key personnel from Medica Health Plan to elicit ideas about the kinds of information that would be most relevant to health services. Representatives from Performance Measurement, Performance Improvement, Program Development and State/Public

Program gave suggestions for topics or questions that would provide helpful information to their departments. These questions were subsequently approved by the Family Researcher of color for inclusion in the group discussion.

RECRUITMENT
Community leaders scheduled dates, places, and recruited families for each group. Only adults were recruited, with the following as guidelines:

- "Family" is self-defined by participants.
- Each interactive group should have representatives from these kinds of families: single parent, 2-parent households, and "combined" or stepfamilies. Other kinds of families, in addition to these, are also acceptable (for example, adult child and parent, multiple generations, same-sex families, etc.) as long as the participants define themselves as family.
- A minimum of four families must be represented in each interactive group.
- A maximum number of 14 individuals, minimum of 8 individuals per group.
- Participants must be willing to be audio taped, contribute to the interaction (discussion), and sign a consent form.
- Family members will be given an incentive of $20 per adult, with a maximum of 2 adults paid per family. (More family members can participate, but only 4 will be given an incentive.)

METHODS
After consent to audio-taping and informed consent to participate in research were gained, the moderator (Family Researcher) directed the questions to the group. Two members from the research team took handwritten notes. The research director clarified any questions that were raised and occasionally asked additional questions based on the discussion.

The following questions formed the framework for the discussion:

- **What does "family strength" mean to you?** *or* **What is it that makes for strong families?**

- **How do you know when your family is being a "strong family"?**

- **What do you think of when we ask about:**

Family strengths?	**Spirituality?**
Family's closeness?	**Family's problems?**
Family's stress?	**Family's mental health?**
Family's physical health?	**Family's communication?**

- **What does being healthy mean to you?**

- **If someone in your family develops a physical problem, what do you do? Where do you go for help? How did you learn to go there?**

- **If someone in your family develops a personal problem, what do you do? Where do you go for help? How did you learn to go there?**

- **If someone in your family develops a relationship problem, what do you do? Where do you go for help? How did you learn to go there?**

- **What do you do to keep your family (or your spouse and/or your children) healthy? Are there ways that health services could work better for you/your family? For example, could they help your family make a connection to a physician who would be helpful to you?**

- **Are there barriers that interfere with seeking help?**

- **Is this interactive group an effective method of research?**

Again, these questions were often modified to fit the particular group, or to allow for directional flow in the discussion. For example, one leader suggested that "family problems" and "family stress" were roughly equivalent, and that "mental health" was a challenge to translate without it being communicated as "madness." In another group, the leader suggested that the clause regarding mandated reporting, which is required by the research review board for informed consent, be approached very cautiously, one step at a time according to their cultural tradition, so that participants would not misinterpret the intent and consequently refuse to talk.

Background demographic information such as age, education, etc. was requested at the completion of the discussion group. These questions also were previewed by the Family Researcher of color for cultural sensitivity and appropriateness, and subsequently some information was not asked.

Discussions continued for approximately 90 to 105 minutes. Demographic information was gained as applicable, then incentives were disbursed. Immediately after participants left, the Family Researcher, Community Leader, and two members of the research team would briefly discuss the session and jot down the preliminary themes that emerged.

After notes were reviewed by the two research team members, the research director compiled notes from all the sessions of each ethnic group. A theme was identified when references to a word or phrase were repeated by several participants. Supporting quotations were listed to illustrate the theme.

The summaries of emerging themes were then returned to the leaders of color for review and validation, and corrections or clarifications were incorporated. The leaders were quite responsive and validated that themes and quotations were an accurate representation of what had transpired during the groups, and were often representative of the experiences of families of color.

SAMPLE CHARACTERISTICS

The demographic questions were previewed by the Family Researcher and the Community Leader for appropriateness and sensitivity. A question inquiring about length of time in the United States, for example, was relevant to some of the groups, but would have been inappropriate and insensitive in the American Indian groups.

The information provided by demographics (*see Table 4*) is somewhat limited due to different cultural considerations for each group. For example, *the Somali and Vietnamese groups did not complete the demographic questionnaires because of language challenges.* Some of the questions were answered spontaneously by group members, but many were not, either due to the sensitive nature of the question (e.g., questions about marital status or family structure), or the logistics of eliciting multiple responses (e.g., the interactive groups ran into prayer time for Somali members). Thus, the following information provides a general profile of those who were involved in the groups.

Number of groups:	*Number of Participants:*
3 African American Groups	31
2 American Indian Groups	28
2 Chicano/Latino Groups	20
2 Somali Interactive Groups	30
3 Vietnamese Interactive Groups	<u>36</u>
Total	**145**

Table 4: Sample Characteristics for Level 3 Participants

	African American	American Indian	Chicano/Latino	Vietnamese
Age (years old)				
18-12	2	2		2
25-34	7	13	6	2
35-44	11	5	6	1
45-54	8	8	1	4
55+	1		1	18
Years in this State				
0.0-0.5			1	
0.6-2.0	4			1
2-5	4	1	10	22
6-10	3	4	2	2
11+	17	22	2	
Family Structure				
2 Parent	10	6	5	
Single-mother	12	9	6	
Single-father		1		
Single person		5	2	
Multi-generation	3	1		
Stepfamily	3	2	2	
Other	1	4		
Martial Status				
Never married	10	11	4	
Married	7	6	2	
Separated		2		
Widowed	1	1		
Divorced	8	6	3	
Remarried	2			
Cohabiting	1	2		
# of Children				
0		3		5
1	7	5	2	2
2	7	4	1	3
3	6	6	6	
4	3	1	2	1
5	4	1	1	3
6		2	1	2
7		2	1	2
8+				6
# in Family				
0-2		5		1
3-5	13	5	7	9
6-8	5	2	5	7
9-12	2	2		7
13-15	1	1		
16-20		1		3
20+	8	8	2	

Table 4, continued: Sample Characteristics for Level 3 Participants

	African American	American Indian	Chicano/Latino	Vietnamese
Education				
K-6		1	3	8
7-11	5	4	5	3
H.S. Graduate	5	8	2	13
College/Tech.	12	9	3	3
College Grad.	5	3		
Graduate School	1			
Employment				
Part-time	5	1	3	
Full-time	16	12	2	
Temporary	4	2	2	
Unemployed	4	10	3	
Student	2	5		
Homemaker	3	6		
Retired/disabled	1	2		

RESULTS

Overview
The results are presented in overview here. These are the consistent themes that emerged across all five ethnic groups. When the suitable questions were asked, many of the responses transcended any one particular culture, but were repeated in all of the family strength interactive groups. Some of the responses were more uniquely characteristic of a specific culture, or perhaps were unique to that specific group of individuals meeting at that specific time and place.

Because this phase of the project was exploratory, questions about specificity related to culture as opposed to specificity related to a group will have to be answered by additional studies. However, the themes that emerged across the groups are striking in their congruity.

The second major presentation of results lists the themes in each of the five different ethnic groups. Sample responses to each question are grouped according to the themes.

OVERALL RESULTS OF LEVEL 3

1. What is family strength? What makes a family strong?
  ❑ **Respect**
  ❑ **Unity**
  ❑ **Culture or tradition**
  ❑ **Expanded sense of family**
  ❑ **Communication**

In addition to these main themes, certain groups emphasized specific components or qualities that contributed to family strength.

African American families emphasized the importance of *pulling together.* Several participants identified this term to convey a sense of working together through crises and troubled times, and that by doing so, the family bond is strengthened. This sense of cohesion within the family extends to distant members and sometimes to neighbors or community members as well as immediate family, also including *acceptance* and *tolerance* as key components.

American Indian families also identified qualities of support, but that support was interwoven with spirituality and the importance of ancestors as a source of family strength. Understanding the "Indian way," particularly as it was practiced prior to the "time of shame" [over a century ago] is a rich and essential source of strength for families.

Chicano/Latino families emphasized the concept of *balance* to create and maintain strong families. Balance is necessary both within the family in terms of parental love and guidance, and within the culture in terms of adapting to Minnesota while retaining ethnic traditions. Language was an important issue these families faced, and many felt the need to be bilingual in order to help with maintaining that family balance.

Somali families, at least the participants in our groups, are so newly transplanted to Minnesota that the overwhelming theme centered on *unification of their families*. Many are suffering from an ambiguous loss: not knowing if family members are alive or where in the world they might be encamped. It was understandably difficult to move beyond the need for unification and focus on other family strengths, because that need is so primary to family life. However, when families are united, the Somali groups identified their *religion (Islam)* as a good guideline regarding family strength, as well as the importance of *gender role clarity.*

Vietnamese families identified *education*, and *physical and economic health* as key to strong *families,* along with *the ability to be adaptable*. The elders in our groups emphasized the need to understand the US culture and the younger generations that have adopted many Western customs. Particularly striking was the willingness of the elders to relinquish some of the traditional conventions for

the sake of keeping the family together and strong. *Mutual respect* is the bond that strengthens these families.

2. **What is health/being healthy?**
   Wholeness and harmony. For some groups (i.e., Chicano/Latino and Vietnamese), *exercise and nutrition* were emphasized, along with the *absence of chemicals* (Chicano/Latino and American Indian).

3. **If someone in the family develops a physical problem, what do you do?**
   - Home remedies
   - Problem-solve
   - Turn to professionals/clinics

4. **What are barriers to health care?**
   - Insensitivity to culture
   - Access issues (timely appointments, transportation, expense)
   - Education
   - Language (Chicano/Latino, Somali, and Vietnamese)

5. **What are the best ways to conduct family research in your community? Is this interactive group an effective method?**

   Reasons participants gave that Interactive Family Groups are effective:
   - Informative and educational. Comfort level in sharing. Generative. Facilitates communication between researchers and participants. Facilitates communication between families within the interactive group.
   - Facilitates communication between members within the family.
   - Respectful of the culture. More honest (than completing questionnaires). It was fun.

   Suggestions/concerns for further Interactive Family Groups:
   - It's only useful if it "goes somewhere," if "something happens" [to help the community].
   - More frequent and regular groups, "because it was really helpful" and "Take this format to gangs, and hear from them." Also, "This kind of group would help us talk about violence/crime among youth."
   - "Ask how we are treated culturally, what problems we're confronted with, and how we deal with frustrations…"
   - "We would like the questions prior to the meetings, so we can better prepare for them."

**AFRICAN AMERICAN
INTERACTIVE FAMILY STRENGTH GROUPS**
**Summary of Emerging Themes from Three Focus Group Sessions
7/21/97, 7/22/97, and 7/24/97 in Minneapolis**

1. WHAT DOES FAMILY STRENGTH MEAN TO YOU?

Respect
"Respect. You didn't hear kids swear in front of adults."

"It's a balance between just listening and giving respect. It doesn't always have to be yes MAAM."

"Respect is a BIG THING." [Several nods, agreement.]

Pulling Together
"Seeing over things, through troubled times, pulling together, an unbreakable bond."

"Working together for a common goal."

"Sticking together, don't give up the ship."

"When there's a crisis, everyone pulls together — makes you feel strong."

"Pulling together, sticking together. [Problems come when] everybody pulling apart, not together."

Cohesion/Acceptance
"I came up with old folks — grandfolks. Everybody, all is one. I think that's how it should be."

"Tolerance. As a parent, the first thing you learn is you don't have to agree, but you've got to be tolerant."

"We have love and respect for each other. We stick together [folds hands tightly] like this. Forgiveness."

"Even though we hadn't seen each other for years [at a family reunion], there was a strength of security of knowing you could always go to them and be accepted. It meant membership and support."

"When they're there for each other. A feeling comes over you; anytime you go, they're there for you."

"Bonding, closeness, togetherness." [Several participants.]

"Praying together, eating, going out."

"Sitting down and eating together [makes the family strong], because you're communicating, sharing."

"Participating in functions, like school activities. Lots of parents don't want to do that. But it shows a bond, shows kids that we care, it's important. Gives them confidence."

"We took rides together on Sunday afternoon, got ice cream."

"[Eating meals] with teens, it's a way to get out with teens what they might not tell you."

Spirituality
"Sharing a belief in Christ."

"Train up a child in the way he should go, and when he is old he will not depart from it." [Several participants quoted this Bible verse.]

"God — it's a spiritual thing too. Stay up on the Word of God, helps with your children and wife and husband."

2. WHAT IS FAMILY SPIRITUALITY?

"I don't think a family can be strong without being spiritual."

"We're spiritual, we believe, but we don't go to church."

"It's a belief in self, family values. It's hard to say you believe in something outside if you don't believe in yourself."

"I don't think I could have got through without belief... A lot of Black people in church believe that from the paths they came from in the south and from Africa."

"It works different for different families. It depends on your religious beliefs."

"Maybe the world is concrete, but everybody seems to know there's something more to life. *That's* what helps families stay together."

"Families can have spirituality in many ways, as long as they share it. It must be defined by that family."

"God doesn't put nothing on you that you can't handle."

3. WHAT ABOUT THE TERM "FAMILY CLOSENESS"?

Crises
"Like a death — it'll show you the closeness. Family will come and help you, do what needs to be done."

[Also similar comments regarding jail and births as crises that bring closeness.]

"Families have got to stick around. Instill that family are the ones around through crises."

Routine
"Just calling and saying 'hello' can be a sign of closeness."

"Sitting back in the family room, drinking milk and eating cookies with the kids. Just a word sometimes, but you got to notice it."

"When I was growing up my mom said if we can't be close with each other how can we be friends with the outside?"

"There are different kinds of closeness. My boyfriend doesn't talk to his mom as often, and that's fine... Love is the main thing."

"You hear it, like in a laugh. One of my sisters I feel so close it makes me cry."
[Several nods/agreement that family closeness is emotionally moving.]

4. WHAT ABOUT THE TERM "FAMILY PROBLEMS"?

[Several responses of "disagreements," "divorce," "finances."]

Parenting Problems
[Parenting was emphasized as a source of problems, particularly contrasting the differences in parenting styles between teen parents and older parents.]

"You can tell the way I'm raising my child [a mid-20s mother], and a teen parent. Their expectations are off. I volunteer at [teen center] and try to guide them."

"You can tell a difference in parenting by the way the teens act, those who had parents interested in them or not."

"Lots of parents will go to school and say 'Don't discipline my children.' But they're not doing their job."

Conflict
"Conflict doesn't mean the family is not strong. It's how you pull through."
"If you don't disagree, you aren't communicating. People aren't expressing themselves."

Dealing with Problems
"Something that you refuse to deal with. That's when it becomes a problem."

"When it affects the whole family. If it's just me, it's not a family problem."

"I really thought my parents divorced because I was so bad. It took a long time to work through. You need to help kids stay healthy through it."

"Single-parent kids have only one parent, and they have to deal with rejection."

5. WHAT ABOUT THE TERM "FAMILY STRESS"?

Work-Related
"When you can't pay the bills, or are single, or can't find a good job, or an apartment..."

"Even if there are two parents, they both have to work. Lots of kids are in day care, and that produces stress, no outlet... We have to find a balance between work, children, all that."

"Down-sizing means two-three times the work, which makes for more stress and pressure [that] you'll lose your job."

"Parents come home so stressed, they let the kids do whatever. There are no meals together."

Individual vs. Family Stress
"It might start out as individual stress, but then it moves into the family. For example, I might say, 'We're having popsicles and pizza for dinner because mama's stressed.' Then the kids tear the house apart as long as they're quiet."

"When there's no additional help it becomes family stress."

"Participation, and the ability to get relief from stress keeps the family strong. No participation, no relief is stressful… Thinking we should be able to handle everything stresses ourselves."

"Situations around the holidays when there's not enough money, and you're trying to meet expectations."

"If you're homeless, all the kids, the whole family is stressed."

"There comes a point when you're trying to raise your children and the [outside forces, e.g., legal, schools, etc.] and children/others will use it against you... Police might be called, and that's stressful. Outside forces coming into the family is stress."

6. WHAT ABOUT "FAMILY MENTAL HEALTH"?

"A family can be 'crazy:' fighting, selling drugs. On the other side, they can have a house, go to church, no stress."

"You need peace within self to share it with the family."

"If the parents language is 'You'll never make it,' or 'If it wasn't for ...we'd be better,' if that's all kids hear, then that will perpetuate the problems." [It affects the way they perceive the world.]

"After work I need 10 minutes to regroup, to change back to a mom, not a teacher. I hope the kids understand, but I feel guilty sometimes for not answering them [during those 10 minutes]."

"It has to do with making good choices for yourself. Respecting yourself, don't accept disrespect from others. I'd rather have my son make a bad choice with good information than out of ignorance."

7. IF SOMEONE IN THE FAMILY DEVELOPS A PHYSICAL PROBLEM, WHAT DO YOU DO?

[There's a connection between family health and physical health] ... "We went through a death in the family, plus two serious illnesses. Others in the family began to get sick also. The only one who didn't was [family member], but after two deaths in the family he had a heart attack."

Self or Family Care
"If it's a cold or flu, I take care of it. If it's more serious, I call the doctor."

"Lots of herbs. I was raised that way from generations back."

"I'd call my mother or grandmother first... For home remedies I'd call someone from the old school."

"I'd call someone, especially from the South who had lived through segregation and didn't have access to [professional medical facilities]."

"If it was something like chicken pox, we'd get several children together and expose them all at once. There's a wisdom in doing it together and getting it over with so you don't string out illnesses over long period of time."

Professionals
"I'd call the doctor if I need a diagnosis." [Several agreements here]

"If there's cancer, people go to a pastor to give them strength and pray for them."
[Several agreed with seeing a pastor.]

"I might see a shrink if there's a mental problem."

8. IF SOMEONE DEVELOPS A PERSONAL OR RELATIONSHIP PROBLEM, WHAT DO YOU DO?

Families/Friends
"Mother first, older women in the neighborhood, then a pastor."

"Relative, personal friend, pastor, barber, bartender."

"When I was in the service, we'd get together and talk."

"A person outside [the family] to give you an opinion about the situation."

"I write it on a piece of paper and let them find it so they'll come to me."

"It's good to talk it out. If you have it inside you it'll pass on."

Counselors/Professionals
"I'd go to a family therapist. [Family members] are comfortable with him. My friends told me he'd pass judgment, but that's not how it is."

"The last person I'd go to is a counselor, therapist, psychiatrist. They're outsiders."

"The stereotype of a shrink makes it hard."

"Pastor, reverend."

"Somebody you both trust. Someone neutral."

9. HOW IMPORTANT IS THE RACE OF A DOCTOR OR PSYCHOLOGIST?

[Several replied "Unimportant."]

"The therapist should be screened as to prejudice."

"The race may not be important, but the sex may be."

"[A black therapist can work with a white client, and vice versa] but it's enhanced if both are black. There's a uniqueness on visuals alone that give a sense of comfort."

"We want quality, no matter who delivers."

"It's hard for people of color/minorities to open up to a counselor."

"An African-American person can relate better due to life experiences."

"For African-American families, you feel you're telling/sharing your 'business.' We're trained not to share our business. We're taught that we're strong people, we can take care of it ourselves. We have to get through that."

10. HOW COULD HEALTH SERVICES BE IMPROVED?

Access
"Needs to be more affordable. With welfare reform, we can't go and talk out some of these problems. There's going to be a lot of stress, and it'll get taken out on others."

"They're understaffed everywhere. I took an aunt to the emergency room, and the lady asked if I had an appointment. For the emergency room?"

"To be able to get physical and mental health services at the same place."

"Like at the Juneteenth celebration. To be able to walk up and get an intake there. Cut all the bureaucracy, paperwork, and having to bus all over town."

"Like a mobile bus or bookmobile — a 'therapy-mobile.' People would come out and use it. Follow through is important."

Education
"The public needs to be educated in some things in order to get through to the doctor. They're understaffed with too many appointments. It's really hard for the public to get the right treatment. Mayo tries to educate more so you don't have to come back as much." [Examples of diabetes and breast cancer.]

"What if health services provided an option or venue to discuss with children, so you could bring them in to talk with a professional. You could be there also, not like in schools." [Example given: sex education]

Sensitivity
"If they could let people know they're concerned. Be more visible. Get in the neighborhoods and be at more functions so people can know who they can turn to and where. Like at schools."

"What do you [health services personnel] need from us for you to feel OK? We go in, and its negative from the beginning. What am I doing for you to perceive me that way? I feel stereotyped: 'Here they come,' or they think I'm on welfare or without a husband."

"I used to work for a [provider] as a receptionist. There are cultural differences about the way people deal with things. In my culture, the [theme is]: 'Spare the rod and spoil the child.' I could be spanked by my parents *and* my neighbor. My community had input into my discipline and my health [safety]. I don't think our social services address that enough. I think they put everybody in a pigeonhole without recognizing the differences. That kind of involvement made the family strong and it strengthened the community."

"We need to exert pressure to get more diversity in providers. You don't know who they are, and where to call."

"There needs to be more community input into services… If this happened more often [this interactive group style of research] it would be better. This kind of input is needed in the health community."

11. IS THIS AN EFFECTIVE METHOD OF RESEARCH FOR AFRICAN-AMERICAN FAMILIES?

[Several agreed this was a good method.]

"Yes, we come from different backgrounds and situations. You're getting random feedback."

"Yes, it gives insight and education."

"Yes, it spurs you to think and add to what others said. It wouldn't happen outside a forum."

"I wasn't bored; it made us laugh."

"It's useful if it goes somewhere, if something happens." [Several agreed with this.]

"We could do this one time a month."

"Take it to a population with gangs, and hear from them."

INTERACTIVE FAMILY STRENGTH GROUPS
Summary of Emerging Themes from Two Focus Group Sessions:
7/9/97 and 7/10/97 in Minneapolis

1. WHAT DOES FAMILY STRENGTH MEAN TO YOU?

Culture and Tradition
"Participation in Pow Wows, doing things together."

"Passing on the traditional teachings, parenting, the arts and crafts."

"Keeping things unique to Indian ways is important to strength."

Expanded Sense of "Family"
"In non-Indian families it seems that when kids turn 18 years old, they get out. In Indian families they're still welcomed."

"I'm 30 years old, and I can always go back home."

"Non-blood is part of the family if the general support is there."

"You may have close friends you consider family. Big community groups created out of small families united together... if you need something, you can find it in the community."

Unity and Respect
"A strong family pulls together, not apart."

"Unity, generosity, respect for each other. My parents showed us a good way of life, the Indian way."

"Being there when someone wants to talk. Not just when they want something."

Adaptability
"There's a hierarchy in some families, but in our family it depends on the situation. We take turns. Whoever feels strong at the time is the leader."

"Being able to play different roles at different times."

Other Elements
"Sobriety keeps the family together."

"Communication. Not just with my parents, but my aunts [and other family members] ... We let them know our feelings in family meetings, but we don't tell them what to do."

2. HOW DO YOU KNOW WHEN YOU'RE BEING A STRONG FAMILY?

Support
"When people are supportive of each other."

"I went back home for a funeral… Your presence is appreciated — shows we're a strong family. It's in our bloodline."

"We pull together when we have to. When a relative died, we all put in together to pay for airline tickets to Canada."

Participation
"Doing things together as a family: movies, out to eat, outdoor activities, Sunday dinners."

"Gathering for a project, forget your troubles, be a family."

"Participation in Pow Wows. We all dance, we make it a family thing — get ready together, set up the tent together..."

"If I see families at softball games, it tells me they're close because they do these things together and tend to be closer."

3. WHAT DO YOU THINK ABOUT WHEN WE USE THE TERM "SPIRITUALITY"?

Cultural contrasts
"Being pulled in two directions — Indian and Christianity... I was raised with two ways, and stress that both are spiritual."

"In 1863 on the reservation for the Minnesota Sioux, when they took everything away, we had to turn to white man's religion, and it kept us together... God came to each nationality in His own way. Keep them separate. I still go to church and take communion, but I don't bring the Indian Way into it. You can practice them both, but keep them separate."

Source of Family Support
"We share the same things in my family — sweat lodge, make tobacco offerings. Sharing these make for good communication and makes the family strong."

"The traditions [examples of smudging, pipes] connects the family and connects us with our ancestors."

Importance of Ancestors
"It's our identity. In order to find family wellness we must find the grandmother/ grandfather of 34 generations ago in our life…We learn the history, how they

lived. Before there was the time of shame and pain. We look for role models. These people didn't model negative feelings, so we feel safe, comfortable to model after them."

"In my arts and crafts [making dreamcatchers] I think about spirituality, the ancestors… I feel that spirituality within myself. It makes me want to practice more of my culture so I can build strength."

4. WHAT DO YOU THINK ABOUT WHEN WE USE THE TERM "FAMILY CLOSENESS"?

Communication, interactions together, trust, acceptance/nonjudgmental. [Several responses.]

"Affection given and shown through actions that show respect and honor. The emphasis is not on 'I love you' but on love through respect." [Examples of this included "non-verbals" with eyes (looking away to show empathy if someone is having a difficult time), bathing children, and braiding hair for Pow Wows.]

5. WHAT DO YOU THINK ABOUT WHEN WE USE THE TERM "FAMILY STRESS" OR "FAMILY PROBLEMS"?

Chemicals
"Alcohol, drugs."

"Alcoholism… The only time my family lets loose is if they're tipsy."

Family Separations
"Childcare creates problems. We prefer to have childcare within the family, but when you take them out it's stressful because you have to travel further. The family is divided during the work week."

"Single parenting."

"Grandchildren in foster care."

6. WHAT DO YOU THINK ABOUT WHEN WE USE THE TERM "FAMILY MENTAL HEALTH"?

"Usually you know when they're *not* [mentally healthy]. Then the family discusses it, then gives advice, even though the person may not take the advice."

"Laughter, sense of humor."

"Everyone on the same wavelength, happy. If there's conflict, go to the source and solve it as quickly as possible."

7. IF SOMEONE DEVELOPS A PERSONAL PROBLEM, WHAT DO YOU DO/ WHERE DO YOU GO?

Responsibility
"Individuals must take the first step to seek help."

"We were taught that it's nobody else's business. We never tell a family member what they SHOULD do... For example, alcohol. We know we can't change them, but we don't give them money or rides to the liquor store."

"The family says, 'Call us when you're sober' or tries to encourage her to get professional help."

Trust
"There are lots of trust issues back to when the first boat came across the water - — the first trauma of displacement... Who do we go to in the community? In my case I go to an auntie I trust... The health care services could help by being lenient or flexible to allow someone to bring here the person they trust, or to go there to get help... Health care could facilitate families going where they can trust."

"I'd go to a Native person before I'd go to a mental health professional."

Wholeness
"Spirituality has a big part in dealing with personal problems. The times I had bad problems, I went to sweat lodge, healing ceremonies. It gets us through, builds strength."

"You're isolating to call it mental health, just dealing with the head! If you don't heal the spirit within, you're wasting your time. Must treat the whole person, family, community."

8. IF SOMEONE DEVELOPS A RELATIONSHIP PROBLEM, WHAT DO YOU DO/ WHERE DO YOU GO?

Primacy of the Family
"It's best to talk between the two people, work it out. If that doesn't work, seek [a] family member or friend, find out what they have to say."

"I don't want anyone in my business unless I ask them."

"I don't see Indian families using a counseling agency. Only after family resources are exhausted."

"In a marriage ceremony, there's a term [Lakota term], which means: 'I have born you, and give my daughter [or son] to your family. You treat her as we would. If you mistreat her for any reason, the marriage is dissolved.' But the family gets together to work out the problems before then."

9. IF SOMEONE DEVELOPS A PHYSICAL PROBLEM, WHAT DO YOU DO/ WHERE DO YOU GO?

Problem-Solving
"My sister comes with me. That helps to have somebody with me."

"I help the family member be where they need to be — facility, nursing home, whatever."

"If someone in my family (a sibling) is sick, I'll get their kids and take care of them."

Physicians/Clinics
"It's easier if you know the doctor accepts Indians."

"My sister didn't want to go to the hospital for her childbirth; she didn't want to be examined by a male doctor. So the aunties helped her birth."

"Sometimes doctors don't make it comfortable. One that I went to, I didn't like him so much, it didn't matter what happened to my body. It turned us off to the whole medical/hospital thing."

"The attitude of the staff (at clinic) made it positive. We visited, and they helped me get situated to get the bill paid."

"A good relationship with the doctor helps, but then we had to switch [insurance]." [Several agreements about that.]

10. WHAT ARE THE BARRIERS TO HEALTH SERVICES, HEALTH CARE?

Insensitivity to culture
"They don't understand our Indian way of life… They expect us to be abusive, hostile, stereotyped. When we're not, or we speak up, they treat us coldly."

"It gets back to trust. If we feel we can't trust, why go back?"

"We need more white officials to be educated to the needs and sensitivities to Indian peoples."

"Transportation." [Several in agreement.]

"Child care"

"The length of time you have to sit. For a 10:00 appointment, I was still there at 1:00. It takes too long."

"The food. I can't eat what I'm supposed to, I can't afford to buy what they tell me. We need a food shelf for diabetics. Or even a place to eat one meal a day that's good."

"No benefits or insurance. There's no way to pay. To get my teeth cleaned is $125 — that's one-third my rent."

Lack of Education. Feeling Overwhelmed
"We need preventative health care… Children might go for the first booster shot, then nothing. They don't know we need tetanus shots throughout life. Awareness and availability are a problem."

"Stubbornness, fear of technology."

"Lots won't go to the clinic for diabetes education. We need education."

"Most won't go unless they absolutely have to."

"Our people have learned to live with pain, so we won't go unless it's a major thing."

11. WHAT COULD HEALTH SERVICES DO TO HELP THE FAMILY RECEIVE BETTER HEALTH CARE?

Personnel
"Community Health Representatives. Like those who check on elders, help with medication refills. They have some on reservations, but they need them around here too. Plus that would provide jobs for Native people." [Several in agreement.]

"Public Health nurses — I've used them, they're great."

"If providers worked through their own "stuff" through workshops, education about culture, fears, etc. Even if they have medical knowledge, but don't work on their own stuff."

"More Indian people as doctors. When the others don't understand, then we go elsewhere."

"For me, it's more who the person is and how they treat us than if the person is Indian. They must have respect, knowledge."

"Don't experiment on the reservation. Give us more experienced doctors."

"Someone assigned as an advocate for minorities/Indian people, even if it wasn't a doctor or nurse, but an advocate."

Prevention
"Some education about what to expect, walk us through [what needs to happen]."

"Give Target gift certificates with every office visit — then we might go more."

"Give us something like the Metrodome. Our people have always been physically active. This could be like a huge health club where we can be physically active. Access is important."

"Neighborhoods are too dangerous to do any walking there."

"Encourage our people to take care of themselves. For example, going to the schools on a monthly basis with the AIDS project."

12. IS THERE ANYTHING UNIQUE/SPECIAL ABOUT INDIAN PEOPLE AND HOW WE TAKE CARE OF OURSELVES?

"Respect for other Indian communities, taught from childhood on."

"Growing up in a spirituality setting. The Creator is with us at all times."

"Survival. We can survive in any conditions. We're more adaptable."

"Pride, sense of humor." [Several agreements]

"This is our primary homeland. There's no home country to return to (like Mexicans or Asians might have). Also, a sense that people were put on different lands so the land can be 'run' by the way of the native people. In that sense, the US should be according to the Native way."

13. WHAT DO YOU THINK OF THIS TALKING CIRCLE APPROACH TO LEARNING ABOUT INDIAN FAMILIES?

Comments about this method being respectful, better than paper-and-pencil because someone talking helps the ideas of others; some may not tell the truth on paper. Comments about the importance of hearing from real people.

CHICANO/LATINO
INTERACTIVE FAMILY STRENGTH GROUPS
Summary of Emerging Themes from Two Focus Group Sessions:
7/3/97 in St. Paul, and 7/10/97 in Minneapolis

1. WHAT DOES FAMILY STRENGTH MEAN TO YOU?

Unity and support
"Unity in the family is very important, especially the unity of parents and children so the child can develop."

"We are united. There is support among parents and children to be united."

"Family unity is great, but also more of the Latino community is closer to building strengths among the community."

"Couples support each other, and uncles, aunts through effective communication."

Communication
"Communication is a VERY important element, not only among the whole family but also with neighbors so when you need help they're happy to help."

"Without dialogue, we cannot all be in agreement."

Other elements
"Trust between children and parents."

"One of the most important things is to give discipline to create a strong family."

2. WHAT DOES BEING HEALTHY MEAN TO YOU?

Physical
"Exercising."

"Nutrition."

"Not abusing chemicals, setting an example for the children."

Family
"Not having too many problems in the family is healthy."

"Love for children, making them feel good. Even if you have material things, but no love, you will be sad, depressed."

"When husbands and wives have arguments, it should be separate from the children because it can traumatize the children."

"A strong and united family — not just those living together, but when there's an issue or problem, we can count on the extended family."

Emotional/Spiritual
"Peace, calm, tranquillity, no fighting."

"It's not just physical health, but emotional health."

"Good morals, values, faith, go to church, living a good clean life keeps the family healthy."

3. **IF SOMEONE IN THE FAMILY DEVELOPS A PHYSICAL PROBLEM, WHAT DO YOU DO?**

Home remedies
"We are much more cultural as people — if we have headaches, we take tea. We start with home remedies as a culture."

"I have an encyclopedia of home remedies. But then you have to send for it [ingredients] in the home country. I keep the tradition, but if it's not available, I go to the hospital."

Education
"In the case of a child who's incapacitated: you need to get help to learn how to take care of him, especially if he enters depression."

"In my place I try to talk, try to solve the problem. I ask somebody for help if that doesn't work."

"The main thing is to monitor [the symptom], then if it worsens, go to the hospital."

"If it's a specific problem, the main thing is to educate yourself and then take care of it. Discipline yourself. Take a preventive attitude."

"In [San Antonio]... we were taught First Aid from the migrant program [and that was very helpful/important]."

Support
"To be supportive, know that life goes on. Being resilient, you must go on."

"When your family gets sick, give whatever help is needed ... [example of father being treated for cancer, depressed; she visited him each day and helped bring him out of depression]."

"In my family, to be there for them. Realize there's an issue, find the cause, and be motivating, reinforcing."

Language Issues
"Language is a barrier. Even though people might speak a little English, they feel embarrassed, ashamed. But they should do it [ask] to get help."

"I'd take a friend/relative who could translate, then go to clinic, hospital, wherever needed."

"It's necessary to take the person to the closest clinic so the physical element gets taken care of. Then ask for translation."

"It's important to learn English so you don't have these problems — otherwise you can't tell the doctor what's wrong."

4. HOW DID YOU LEARN WHERE TO GO FOR HELP/WHO TO SEE?

"Schools were a big help. I'm not bilingual, but the schools helped me."

"Word of mouth. As a community we say, 'Go here, because it's less expensive, better. Or they speak Spanish, or even have a doctor who speaks Spanish.' It's a big help."

"Public help. The social worker [at HCMC?] was crucial — they said here's the number, address, how to do it. I'm grateful for that because of my diabetes."

"For a person like me who moved into the state, it was Yellow Pages, then I took a taxi to get to assistance."

Specific examples cited by participants: Green Central Community Clinic, Smiley's Clinic, pharmacists, (although frustration was expressed about U.S. system that requires extra expenditures for doctor visits despite knowing what is necessary for your child).

5. IF SOMEONE DEVELOPS A PERSONAL PROBLEM, WHAT DO YOU DO?

Communication

"Open communication with family — the extended family, even those without blood but are considered family... You can't just keep to yourself, you have to trust others around you."

"The key is to be willing to talk. There must be communication, then the specifics to help."

"There must be an open door policy with children. They must feel free that they're not going to be judged, so they'll feel free to come to you. Good communication helps this; accept them as they are."

Outside Help
"It is important to learn about the laws here and what to do [in order to help children avoid trouble with the law]."

"Trust should also be extended to non-family members, such as being willing to seek professional help if necessary. This can provide an input from someone who can be objective and is not caught up in the problems as a family member."

La Familia was a key resource for many group participants, as was **Casa de Esperanza**. Resources are often learned about through specific school sites that have bilingual programs in Minneapolis, as well as through *La Prensa*.

6. IF YOU HAVE A RELATIONSHIP PROBLEM, WHAT DO YOU DO?

Communication
"In relationships, the communication between two parties is important...Listening, not just hearing. Make a list of what you want and don't want. Then compromise."

"Communication is very important. Give each other time, speak as informed, educated, respectful people... Must start somewhere with that conversation; it doesn't mean it'll work."

7. WHAT BARRIERS GET IN THE WAY OF YOUR SEEKING HELP?

Embarrassment. sensitive problems
"A person's own embarrassment about talking of problems, fear of being judged badly. Fear of neighbors making fun of me."

"Latinas have a hard time getting service for domestic abuse. More so for sexual abuse… Overcoming shame associated with being a victim."

8. WHAT ARE EXAMPLES OF STRONG FAMILIES, OR WHAT KINDS OF THINGS SHOULD WE ASK THAT MAKE A FAMILY STRONG?

Balance
"Parents must balance their love for children with children taking advantage of or abusing the love of the parents."

"I used to want to have kids taken care of [economically], but now I show them the situation so they can help also."

"Make sure children learn both cultures."

"I make sure all my children are treated the same, equitable. I don't want them to say I love one of them more."

Values
"Teach respect, trust confidence, and make sure children carry on those values."

"In this society with diversity, we must teach respect for others. Don't look down if I'm Catholic and they're Mormon."

Culture
"I know who I am, where I came from, and I never give up."

"Keep the traditions. Whatever your ethnicity, it's important to know your ethnic group. Whether you're Chicano or [?], be proud of who you are. Give that identity to your family, such as through language. We need more bilingual people to give the children, the world."

"Religion helps keep the tradition."

"It hurts children a lot that other kids see them as different. But if we let it get us down, it reflects on the children. That's why it's important to teach them pride and where they came from."

9. IS THIS THE RIGHT FORMAT (LA PLATICA) TO RESEARCH/LEARN ABOUT CHICANO/LATINO FAMILIES?

Much agreement that these groups provide a good format, are encouraging, and stress-relieving.

"It's effective to get both the positive and the problems."

"For a while, I thought I was the only one having problems. Now, since I'm here, I realize others have problems."

"Lots better than filling out a questionnaire. I don't know what the questions ask. Communication is important to unite us."

"You also need to ask how we are treated culturally, what problems we are confronted with, how we handle them, how we deal with frustrations, because that makes us strong."

SOMALI
INTERACTIVE FAMILY STRENGTH GROUPS
Summary of Emerging Themes from Two Focus Group Sessions
6/23/97 and 7/7/97 in Minneapolis

1. WHAT DOES FAMILY STRENGTH MEAN TO YOU?

Unity and Unification
"The main uniting factor is listening among family members."

"The point must be strengthened that family unity is when the family is complete. Here [in the U.S.] the family is not united. Part is missing. We need unification for a priority. The missing part must be added."

"Unification must be emphasized. My husband is away, another woman's husband also."

"We must stress family unification. My husband is lost. I must carry on with children alone; it's a burden. I just learned my husband is sick in Ethiopia... All Somali have someone missing from their family and lost."

Role Clarity
"It is necessary to understand the background of Somali families to understand what is family unity. We are a pastoral, nomadic people, so it's predominantly women who run the family at home in Somalia. The man/husband does little at home, but is involved with discussion of major societal problems."

"When the father is running the family and the mother is beside, then the family is considered united."

"Within the families normally, the father is main part. The second part of leverage is the mother."

"Normally both men and women discuss issues at home at night. Then they put forth complaints and try to solve them then. For a Somali family, they are happy when the women are happy."

Religion
"Families are strong whenever parents are strong and there's a strict following of Islamic religion."

"According to Islamic religion, family management is performed by father and mother. When their performance is strong, it is enough for us."

"When there is no religion, there is no family harmony. So religion is an important part of family harmony."

"Religion in the family helps keep out drugs, prostitution, violence, and evils which may affect the family." [Several agreed it was both religious belief and religious activities that help keep evil out.]

2. RESPONSES TO QUESTIONS REGARDING TERMS SUCH AS "FAMILY CLOSENESS," "FAMILY PROBLEMS," "FAMILY STRESS."

Stress related to immigration
"Back home, women were in charge of the household, especially the finances. Trouble began when we left. Financial difficulty hampers relationships within the family." [In Somalia, because the family traditionally has been nomadic, they have been able to adapt to problems by moving to a less "troublesome" place where there were more resources.]

"Minnesota must help check our problems of unification. Welfare legislation is hampering family happiness in Minnesota."

"What's missing is a thorough check of problems. Some agency must check the family needs and problems. Then many things will crop out and there will be a judgment."

"In the US, communities in this area should understand that our strong religion and costumes are linked to Islam. We'd like the establishment to respect us and be educated about that."

"The lack of understanding of the US legal system and the family is a stress factor."

"In this country, new problems came to trouble the family. Families here collect welfare. Most of that goes to rent, with not enough left to carry the family. When that happens, the wife is very powerful in this country. She collects welfare and sends him out of the home. But men are the head of the family. If he's away, there is no family at all."

Response to Family Problems
"If problems come into the family, it makes for more problems. There must be peace in every way [economics, religion, etc.], because all are related."

"We call other families in the neighborhood from our culture and talk about it. We ask what to do about the stress, and try to find a remedy."

"We have strong cultural ties within the family/community. So if a problem arises, we go through channels to solve it. If the problem is with children, the

parents clear it. If the problem is between spouses, the cultural elders intervene. Before it goes to court in our culture [the culture/religion emphasize that authority is within the family] as long as a Somali is living with the Somali community."

"Religion helps to create good communication. When better communication is required, the neighborhood Somali families help solve the problem if a problem is there."

"We have a cultural constitutional system… Even if the situation is to the police or authorities, we ask permission to take the person back in the family and counsel with the family. Generally we're successful."

"There is a kind of prestige with elders in the neighborhood, and they are empowered because of that. No one can say no… Even if they are of a different tribe, we sit down and then a decision is made which is mandatory."

3. WHAT DOES BEING HEALTHY MEAN?

"If there's harmony anywhere around you, then that's the meaning of health."

"If there is no health, then there is no life, nothing. It is life itself. That's how important it is."

"In the family, hygiene is first. Then, what you eat, food energy must be clean — food and surroundings."

4. IF SOMEONE DEVELOPS A PHYSICAL PROBLEM, WHAT DO YOU DO?

"If I'm Muslim, then I look to my religion. [Religion is part of the psychological and emotional side of the medication.]"

"If it's a major problem, the immediate response is to get in touch with the medical clinic."

"In this country we have an emergency number. If a person doesn't speak English, I must accompany them to a doctor to help if they have an allergy, how they got sick, whatever I know."

"In this country I call relatives/friends, whoever knows more than me."

5. HOW COULD HEALTH SERVICES WORK BETTER FOR THIS COMMUNITY?

[Several agreed that language was the main problem.]

"A *trained* interpreter is needed for health services."

"If a person just comes to this country, normally the sponsoring agency delivers a booklet with phone numbers. Some interpreters are needed to help sort it out."

"I recommend a paper circulated by the medical system [translated into Somali] about what to do when a person doesn't feel well. Make a list of steps — who and where to call, what to tell the doctor."

"Appointments are very far away. Two-to-three months is too long. I made a call in May, appointment in July. They need to facilitate that problem." [Several agreements here.]

"It would be helpful to have Somali health care professionals who know the problems better and [whom] families trust[ed]."

6. **IS THIS AN EFFECTIVE METHOD OF RESEARCH FOR THIS COMMUNITY?**

"It is a successful venture!" [Lots of agreement]

"If there is a chance to increase these workshops, we'd like it."

"We would like questions prior to meeting to consider them, then at the meeting we will have more answers, and some questions for you."

"We have been questioned by many groups. No one came up with tangible solutions. Will this be the same?"

"I would like to tell about a situation. Certain conditions are aligned with Islamic conditions, such as the type of dress requirement. Somali women have lots of skills in every field (computer technology, nursing). Our dress interferes with getting a job. 'We will call you back'… Are you in a position to advise us about how to find a job?"

VIETNAMESE
INTERACTIVE FAMILY STRENGTH GROUPS
Summary of Emerging Themes from Three Focus Group Sessions
6/23/97, 7/7/97 and 7/14/97 in Minneapolis

1. **WHAT DOES FAMILY STRENGTH MEAN TO YOU?**

Physical health
"Positive physical health is very important. Then we can plan the future. If not healthy, we can't plan for future and family."

"There is more concern for health care in Vietnamese communities. There is conflict between Eastern and Western cultures; it creates unsolved problems."

"The right food, nutrition, exercise in the morning keep the family healthy… Dinner is very important — we sit, the whole family discusses what's a good thing, a bad thing."

Relationship among themes
"Three things are important: discipline of the family, health, and finances. If a family has only one of three, then there are problems."

"There are three priorities for strength of families: First, everyone has a job in a stable economy. Second, good education. Third, parents must have power to control their children (not like here)."

"Money and health are related. Money supports physical health but not mental health. Mental health is more fundamental. But money is necessary for physical health. Education is important. The elders emphasize that by how they spend money: instruments for music lessons, night classes, encouraging college classes during Jr. High for the experience. They didn't care if we flunked, just wanted us to get the experience."

Economic health
"If families have stable economy, then they have a strong family."

"Parents must model good use of money, then the children will learn."

"Everyone must love each other, but we have to eat to love. There must be a stable economy, but we must understand the laws; we need education. Otherwise we could break the law."

Adaptability of the Family

"We must learn a different culture here. We must try to understand the younger generation in order to have sharing between."

"In order to find strength, you must know the differences between here (United States) and Vietnam. Elders must know the changes and differences."

"In Vietnam the man is king. Here we must adapt to a new environment, be more open-minded, share responsibilities to keep the family together, or the kids run away."

"Elders must be more flexible. Here we have to be flexible and compromise. There are too many demands on our children's lives, so we must understand. They have to make their own financial health."

"[Regarding compromise] I follow the younger generation, that's how. If they don't listen to my opinion, then the older generation gives in. Otherwise, the children leave. That's how we keep the family together."

"The most important is for the elders to put behind our own culture to adapt and understand the young. Elders must continuously study the younger and new culture."

Respect
"Mutual respect. We should change/adapt to new, but keep the old holidays, traditions, Vietnamese New Year. That's the best way to keep the family together."

"A proper mental attitude with respect for elders will produce happiness."

"Parents must consider children's ideas, give them a chance to talk, a voice in the family."

"Respect is very important to keep the family together. We have to adapt, but must still have the children learn our own traditions. Even in the US, we still need to have respect."

"There is a mutual obligation that children don't ask for things that take money from the family budget."

Importance of Education
"In Vietnam, there was much respect for teachers... If a person was to be well educated, they must depend on the teacher, so should respect the teacher even more than parents."

"I went to college with only a part-time job. My sisters supported with their jobs so I could go to college. We have a bonding, trust with one another. I don't see that in US families."

Interaction between Economics and Family
"When the children get a job, they work full time at two or three jobs. The parents then feel isolated: the child is now financially independent. It's hard to compromise with each other." [Stressing the importance of reserving time for the parents.]

"Now there's no time for each other after school and work. There's no family dinner. In Vietnam, we still had time for each other."

"In Vietnam the children were dependent on their parents. Here, the children find their own job. They're not dependent or obligated to parents."

"Over here parents lose control of their children. The children want to make money fast; that's why they join gangs."

2. WHAT DOES BEING HEALTHY MEAN TO YOU?

Wholeness
"There must be a correct time for working, eating, sleeping."

"Mental health influences physical health, which influences economic health. It's like a circle. One is the means to attain the other."

"You must try to care for yourself, eat healthy, and get more exercise. If you're sick, then the whole family has to take care of you."

"If you worry too much, then you get sick, then the family has to spend money on you, then that makes a hardship on the family. Lots of problems since you didn't care for yourself."

"There's definitely a relationship between physical and family. My wife got ill, we quarreled and argued. So if you're not feeling well, it creates more family problems."

Exercise
"Medicine can't make you healthier. You must exercise and do it yourself. Even if you take medicine, but don't have healthy behavior, you can't stay healthy."

"Exercise is good. It helps relieve worry and stress."

[Many participants mentioned exercise as fundamental, such as walking, Tai Chi.]

3. WHAT ARE THE BARRIERS TO HEALTH CARE?

Access
"Having to wait too long to see a doctor."

"Getting an appointment takes too long. I want to see a doctor, even if it's not an emergency. But if I wait two weeks, then the problem's gone."

"I want to pick my own clinic, but the doctor can't help me [needed a specialist]. I tried to change, but the health plan didn't allow change."

Language
"No translators is a barrier."

"We have to use sign language with a doctor. If I was unconscious, that wouldn't work."

"Vietnamese doctors would be nice, would work better. Interpreters are not always accurate."

Transportation
[Several respondents indicated this.]

"When I was in the emergency room, I called a cab. The cab driver didn't pick me up, but told the company he did so he could charge them the money… Finally the health care company penalized me for 'tricking' the cab company and not cooperating."

Finances
"Every time I call the doctor it cost a lot of money. If I'm sick, I'm afraid to call due to spending $5,000 or $10,000. So it would help if it was less expensive. Like Canada."

"Even though the U.S. is advanced in many ways, not in health care. They don't treat everyone as equals."

[Lots of concern about changes in immigration laws, and how they will impact access to health care services.]

4. IF THERE IS A FAMILY (RELATIONSHIP) PROBLEM, WHAT DO YOU DO?

Privacy First
"They don't go out and ask, but try to solve it inside for ourselves."

"Depression [is recognized]. But in the Asian community, each member tries to offer emotional support to one another. Seeking help for depression is not recognized. It would be shameful."

"Tradition says to hide the problems with children."

"If there is a parent-child conflict, hide it. Everything will be normal in one-two months."

Involvement Second
"If it's a big family, then have a meeting to talk, share, try to compromise. It's rare for Asian families to have a small meeting."

"If can't solve for themselves, then a family advisor or counseling for some. But we always think we can solve the problem."

"In Vietnam it's rare to have a psychologist, so we ask for the elder parent's or close relative's opinion; then parents pass down the ruling. You may not like it, but you will respect the elder and obey."

5. WHAT IS THE BEST WAY TO CONDUCT FAMILY RESEARCH? IS THIS INTERACTIVE GROUP AN EFFECTIVE METHOD?

"Pros"
"This small group is a good way, because there aren't too many people. If you want to understand, and it's hard for people to express, then small group is good."

"Meetings like this are the best way to understand. Everybody has an idea; it helps to talk about it, I learn also."

"This number of people, but different ones and many groups would be good. Then the groups contact each other and will discuss more. Too large a group would be hard to control. Too small a group would not produce enough ideas. Then we all get better ideas of how to make the family stronger."

"Yes, and invite more variety of ages — the younger generation 20-40 years so they can have a point and fill the gap." Another added, "Combine them into one meeting so the elders can listen to the younger ones."

"Cons"
"Members may idealize. This may not reflect the actual situation. Be more selective [especially demographically]."

"Every family has problems. But if we continue to discuss problems, nothing happens. We won't get anywhere just discussing. It's not really the facts. This group [of 11] is too small. We need bigger group, more varied individuals."

Suggestions
"Families would invite you into their homes to discuss. Bring a camera. Then you can recognize each tradition and tell right away [if the family is strong]."

"We like to prepare for meetings, so we need to know the questions ahead of time. Preparation is important, otherwise it takes a while."

"This kind of group to discuss concerns about violence/crime among the youth. We didn't know how to express that; this is a good way; it may help other families."