Community Gardens: Giving Hope to Southeast Asian Refugees

Yua Thao
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COMMUNITY GARDENS: GIVING HOPE TO SOUTHEAST ASIAN REFUGEES

By

Yua Thao

A Dissertation Submitted to the
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COMMUNITY GARDENS: GIVING HOPE TO SOUTHEAST ASIAN REFUGEES

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By

Yua Thao
DEDICATION

This dissertation is dedicated to my husband, Bee Ly, and my four beautiful children, Patience Ly, Natalie Ly, Justine Ly, and Kenneth Ly. You inspire me every day to work harder and dream bigger. Thank you for always supporting me.

I would also like to dedicate this dissertation to the three strongest female Hmong role models in my life, my mother Boua Chanh Thao, my aunt Mao Lee Thao, and my amazing grandmother Pog Blia Yao Thao. Your stories of loss, empathy, compassion, and love for family taught me everything I needed to know to lead my life with kindness. Thank you for believing in me and modeling the way.
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To Dr. Laura Hallberg for challenging me to critically think and reflect on my assumptions about equity, diversity, and inclusion. You broke me down to make me a better human being, thank you.
Since 1975, over 1.3 million Southeast Asian refugees have resettled in the United States from the Southeast Asian nations of Cambodia, Laos, and Vietnam (Office of Refugee Resettlement, 2014). Many Southeast Asian refugees fled their home countries after the Vietnam War to avoid political persecution. As a result of forced migration, Southeast Asian refugees experience high levels of psychological distress attributed to premigration trauma and postmigration. Stressors may include adjusting to a new culture, finding housing, establishing employment, financial hardship, learning a new language and the feeling of identity loss of their homeland. In considering these stressors, this study sought to understand how a lack of access to affordable healthy food may be impacting Southeast Asian refugees’ social, mental, and physical health. Using basic qualitative research, nine structured participant interviews were conducted. Findings suggest one way to alleviate some stress for refugees was to increase access to culturally congruent food. Additionally, increasing economic opportunities and transportation services were identified as critical to improving access to healthy food options. The theoretical framework that guided this study was resilience theory. This framework brought to light the hardship and stress experienced by refugees. I then used it to outline ways that community gardens may build individual resilience to overcome personal hardships through social support structures. The findings highlight the importance of resettling refugees in communities close to
families to build individual resilience and the need for refugee resettlement practitioners to continue to offer resettlement support beyond initial arrival to the United States and until economic self-sufficiency is achieved.

Additionally, four central themes emerged from individual stories of each participant’s perceptions of how food access impacts their social, mental, and physical health. The four themes were: (1) postmigration traumas create hardships among Hmong refugees, (2) poverty and physical and mental health disabilities impact food access, (3) food cultivation is deeply rooted in the Hmong culture, and (4) gardens build social communities and give hope. The study also uncovered two unexpected findings. The first was the strong cultural belief in natural healing using herbal medicine known as “tshuaj ntsuab Hmoob” or Hmong green medicine, and, secondly, the prevalent cultivation of Hmong herbal medicine plants in the gardens. For practitioners developing housing for resettled refugees, creating green space for refugees to cultivate their traditional green medicine is vital to Hmong refugees’ identity and culture. One way to provide such access would be to incorporate green space into resettlement housing arrangements so refugees may cultivate fruits and vegetables native to their home countries. Creating green spaces for refugees may help to preserve their rich culture and empower refugee communities to practice their cultural beliefs and traditions.

Lastly, I conclude the study with a proposal for development of a nonprofit community garden called Garden of Hope. My vision for the Garden of Hope is to address findings of this study through program services, which may increase access to culturally congruent food and promote individual resilience through entrepreneurship. The goal is to teach refugees how to grow and market their organic fruits and vegetables to local restaurants and or sell them at local community farmers markets. Addressing postmigration stressors for Southeast Asian refugees
through the Garden of Hope may improve individual economic mobility and uplift improvised communities through entrepreneurship.

Keywords: Community gardens, food access, postmigration stressors, qualitative research, resilience theory, and Southeast Asian refugees.
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CHAPTER 1: INTRODUCTION

Since 1975, over 1.3 million Southeast Asian refugees have resettled in the United States. These refugees come from multiple countries, including Cambodia, Laos, and Vietnam, with the greatest number of refugees resettling in California, Minnesota, Texas and Washington (Office of Refugee Resettlement, 2014). The Refugee Act of 1980 defined a refugee as a person who for political, religious, social or racial reasons believes they cannot return back to their home country for fear of personal persecution (United States 96th Congress, 2019). Under the Indochina Migration and Refugee Assistance Act of 1975, President Gerald Ford granted financial and resettlement rights to approximately 130,000 Southeast Asian refugees displaced by the Vietnam War (GovTrack, 2020). The first wave of over 130,000 refugees consisted mainly of affluent, educated Vietnamese and Hmong soldiers (Haines, 1982; Kula & Paik, 2016; Maffini & Pham, 2016). Hmong soldiers were individuals who served in the Secret War for the U.S. Central Intelligence Agency’s Special Guerrilla Unit (Vang, Vang, & Vang, 2013). A second wave of refugees resulted from a series of war and political conflict escalations in Southeast Asia. These refugees were less educated and more likely to have experienced horrific premigration traumas (Kula & Paik, 2016; Maffini & Pham, 2016). The second wave of over 300,000 Southeast Asian refugees included Laotian, Hmong, and Vietnamese, but most refugees were Cambodian survivors of the Khmer Rouge genocides (Haines, 1982; Kula & Paik, 2016). Additional waves of refugees from Southeast Asian continued through the late 1990s and into the early 2000s (Southeast Asia Resource Action Center, 2011).

Many Southeast Asian refugees fled their countries after the Vietnam War to avoid political persecution for aiding the United States during the war. I focused on refugees forced to migrate from their home countries of Cambodia, Laos (Laotian and Hmong), and Vietnam under
the Indochina Migration and Refugee Assistance Act of 1975 for this research. These refugees experienced insurmountable amounts of pre and postmigration traumas as result of forced migration.

Studies have shown Southeast Asian refugees experienced high levels of psychological distress attributed to pre and postmigration trauma (Bemak & Chung, 2017; Goodman et al., 2017). Premigration trauma is events experienced by refugees prior to the time they fled their home country. These events may include witnessing torture or killing, threats of mass genocide, sexual violence, starvation, extreme hardship, and other atrocities. Postmigration traumas are stressors associated with resettlement in a new country. Stressors may include adjusting to a new culture, finding housing, establishing employment, financial hardship, discrimination, learning a new language, and the feeling of identity loss of their homeland, (Bemak & Chung, 2017; Goodman et al., 2017). Among Southeast Asian refugees, 14% suffer from post-traumatic stress disorder (PTSD), 35% suffer from anxiety, and 40% from depression (Nicholson, 1997). Kinzie et al. (1990) also found 71% of their 322 Southeast Asian refugee clinical patients were diagnosed with PTSD, and 81% were diagnosed with depression.

For this research study, it was important to cite studies specific to the targeted research population of Southeast Asian refugees under the Indochina Migration and Refugee Assistance Act of 1975. Research of this population was heavily concentrated in the 1980s, 1990s, and early 2000s, following multiple waves of refugees. Research then tapered off as the number of Southeast Asian refugees declined. According to the Office of Refugee Resettlement (2014), the total Southeast Asian refugee arrivals to the United States in 1975 was 135,000 compared to only 12,071 in 2005.
Recent findings from studies on the mental health effects of pre and postmigration trauma on refugees are consistent with prior studies (Bemak & Chung, 2017; Henkelmann et al., 2020; Sangalang et al., 2019). For example, in a meta-analysis of 66 articles related to anxiety disorder and/or PTSD, researchers found refugees continue to experience a high level of PTSD related to pre and postmigration traumas (Henkelmann et al., 2020). Additionally, a 2019 comparative study of refugees and immigrants also linked premigration traumas to higher mental health distress and high unemployment among Asian refugees compared to immigrants (Sangalang et al., 2019). The study found the 11.42% unemployment rate of Asians was double as compared to other immigrants at 5.58% and Latino refugees at 4.13% (Sangalang et al., 2019). Lastly, Bemak and Chung (2017) found postmigration mental health issues negatively impacted Southeast Asian refugees’ resettlement process, hindering their ability to find employment and establish economic independence.

**Resettlement Challenges**

Economic self-sufficiency is a critical resettlement success factor (Renner & Senft, 2013; Bemak & Chung, 2017). When Southeast Asian refugees are unable to financially provide for their families, they may start to regret their decision to leave their home countries (Bemak & Chung, 2017). They may also experience some level of guilt for subjecting their families to hardship in a foreign country with no support (Bemak & Chung, 2017). In their native countries, large family clans lived and farmed together in villages where there was a high level of social interactions and sense of connection and community engagement. When one family experiences hardship, other members of the family clan may share resources to help each other (Cooper, 2008). Unlike their native countries, Southeast Asian refugee families often live in single-dwelling homes in the United States, away from other family members in their clan. Even
apartment living does not create a communal village because the residents may be individuals from outside of their family clans. Over time, changes in family structure along with postmigration stressors may have a negative impact on a refugees’ physical and emotional health (Bemak & Chung, 2017). Lack of financial resources limited English proficiency, and lack of transportation may also limit Southeast Asian refugees’ access to healthy foods that are commonly consumed in their cultures. For the purposes of this study, I define common foods in a culture as culturally congruent foods that are commonly shared, prepared, and consumed by a collective group of individuals.

According to the Food Research & Action Center (2017), poverty and food insecurity may negatively impact a person’s mental and physical health. Mental health concerns associated with food insecurity are depression, lower cognitive function, suicidal ideation, and mental distress. Other related health issues are obesity, diabetes, hypertension, poor oral health, cancer, coronary heart disease, and reduced life expectancy (Food Research & Action Center, 2017). Communities with higher rates of people of color and lower rates of income face greater food access issues (Union of Concerned Scientists, 2016). In a 2008 report published by the California Center for Public Health Advocacy, researchers found lower-income communities have 20% fewer sources of healthy food as compared to higher-income communities in California. The report also uncovered a higher prevalence of obesity and diabetes in individuals living in lower-income communities that have more fast-food restaurants and convenience stores. The report concluded that improving access and affordability to healthy food may decrease obesity and diabetes (Babey et al., 2008).

**Problem of Practice**

A significant problem that threatens the social, mental, and physical health of low-income Southeast Asian refugees is lack of access to affordable healthy food. Access to affordable and
culturally congruent food may improve health outcomes and increase food access. Poverty also creates additional barriers to accessing affordable and culturally congruent healthy food. High rates of poverty among immigrants are due to racial equality and discrimination (Segal et al., 2002). In a 2011 report by the Southeast Asian Resource Action Center, Cambodian, Hmong, Laotian, and Vietnamese families with children under 18 years of age had poverty rates of 18.2%, 27.4%, 12.2%, and 13.0% respectively as compared to the overall U.S. poverty rate of 11.3% (Southeast Asia Resource Action Center, 2011). When households cannot afford to purchase healthy food, they may rely on other high calorie, cheaper substitutes, which may lead to less healthy diet lifestyles (California Department of Food & Agriculture, 2012).

In addition, employment and earning capacity may be factors limiting access to and utilization of healthcare (Danso, 2016). Improving access and affordability to healthy food may improve mental and physical health outcomes, yet many Southeast Asian refugees arriving in the United States do not have access to culturally congruent healthy food. In 2020, the Southeast Asia Resource Action Center reported almost half (1.1 million of the 2.5 million Southeast Asian refugees in the United States) are low income and struggle with poverty. In California, Cambodian, Laotian, and Hmong have the lowest per capita income compared to other Asian Americans and Whites. More astounding, in California one in three Hmong people live in poverty, which equates to 60% of the total Hmong population in California (Southeast Asia Resource Action Center, 2020).

**Purpose of the Study**

The purpose for this qualitative research study is to gain a deep understanding of how the lack of access to affordable healthy food may be impacting Southeast Asian refugees’ social, mental, and physical health. This study focused on a population of Southeast Asian refugees
living in a 220-unit apartment complex in the Central Valley of California. Over 1,000 residents, mostly low-income Southeast Asian refugees, live in this apartment complex. Many residents live below the poverty line with limited access to affordable, healthy, and culturally congruent food. I specifically targeted this apartment complex for my research based on a personal work experience.

In 2015, as a representative of a large utility company, I was asked to go door-to-door to talk with residents in this apartment complex to explain why the utility company shut-off their natural gas service in the middle of winter. The natural gas service was shut-off due to multiple house-line gas leaks. As I went from one residence to another, I witnessed deplorable living conditions. Several families invited me into their homes to share their personal stories of poverty. They showed me vegetable gardens they cultivated in small patches of dirt around the apartment complex. They told me they relied on the small gardens to supplement their food budget to feed their family. They shared with me that growing their own food was a sense of pride and a connection with their cultures.

As a researcher, I have a personal connection with this population of people and a cultural connection through food cultivation. I am a Hmong refugee from Laos. I grew up in a poor farming community in Central California. My family and I struggled with food insecurities and poverty for most of my childhood. Growing food on our 10-acre family farm gave us access to healthy and nutritious food. Through this dissertation project, I hope to have a positive impact on the lives of other Southeast Asian refugees by improving food access through community gardens.

In this study, I used the following three inquiry questions to explore refugees’ perceptions of health impacts; identify resources needed; and examine how a community garden may
improve the social, mental, and physical health of Southeast Asian refugees living in low-income communities:

1. What are the perceptions Southeast Asian refugees have on how food access impacts them?

2. What are the resources needed to increase access to healthy, affordable, and culturally congruent food for this population of Southeast Asian refugees?

3. In what ways, if any, might community gardens meet the gaps in food access?

**Significance of the Research**

The study filled a gap in research by exploring the unique, lived experiences of Southeast Asian refugees coping with social, economic, and food insecurities living in the United States. It is important to conduct research to understand why this population of Southeast Asian refugees continues to live in poverty after four decades in the United States. According to the Southeast Asia Resource Action Center (2020), Southeast Asian refugees living in the United States are more likely to live in poverty as compared to other Asians American. Hmong families have the highest rate of poverty at 26%, Cambodians at 20%, Vietnamese at 15%, and Laotian at 17% as compared with Asian American and White families at 13%.

Under the 1951 Refugee Convention, the United States has a humanitarian and international obligation to protect refugees and help them resettle in the United States (United Nations High Commissioner for Refugees, n. d.). To fulfill the humanitarian obligations of the United States to Southeast Asian refugees, it is essential to explore barriers that prevent this population of refugees from becoming self-sufficient. To that end, it is important to identify resources needed to improve their social, mental, and physical health outcomes. In this qualitative research study, I explored these questions and sought to uncover solutions to promote the social, mental, and physical health of refugees.
Theoretical Framework

I used resilience theory as the theoretical framework to guide this study. Resilience theory is the capacity to overcome personal hardship through self-determination and support from others (Bolton et al., 2017; Greene et al., 2004; Hendrick & Young, 2013). Resilience theory lends itself to assisting researchers and practitioners to understand pre- and post-traumatic stress in refugees and how resettlement practitioners may help individuals overcome traumatic experiences. Specifically, how individual attitudes and social support structures may promote resilience in individuals (Greene et al., 2004). Resilience theory provides a framework to illustrate how refugees may overcome horrific experiences of torture, sexual violence, starvation, extreme hardship, and other war atrocities. Resilience theory connects the refugee’s journey from migration after the end of the Vietnam War to the social, mental, and physical health problems they face today. Resilience theory allows for deep inquiry into individual experiences to understand the root cause of trauma and how human capacity may be leveraged to overcome personal hardship through self-determination and mental strength (Greene et al., 2004).

Additional details of the resilience theory framework will be discussed in Chapter 2.

Research Design

My goal for this research was to gain a deep understanding of the problem through qualitative data collection methods and explore what resources or programs are needed to address the problem. Qualitative research is defined as research that focuses on holistic individual lived experiences (Roberts, 2010). Merriam and Tisdell (2015) defined qualitative research as a form of research that seeks to engage participants to solve a real-life problem. Qualitative research is appropriate for this study as I aim to gain new knowledge about how lack of access to affordable healthy food may be impacting the social, mental, and physical health of
Southeast Asians refugees through their own individual lived experiences. I used qualitative data to guide my research and focus on the resources needed to improve food access for Southeast Asian refugees. I will describe the research design and methodologies in Chapter 3.

**Chapter Summary**

In Chapter 1, I outlined the problem of practice, study purpose, significance of the research study, the research design, and the resilience theory theoretical framework used to understand perceptions of social, mental, and physical health impacts experienced by Southeast Asian refugees due to lack of access to healthy food. The study filled a gap in research by exploring the unique, lived experiences of nine Southeast Asian refugees living in the United States and coping with social, economic, and food insecurities. It is important to conduct research to understand why this population of Southeast Asian refugees continues to live in poverty after living 3 to 4 decades in the United States. Lack of access to culturally congruent foods for Southeast Asian refugees is a significant problem that threatens their physical and mental wellbeing and presents prolonged resettlement challenges. Resettlement and postmigration stressors negatively impact Southeast Asian refugees’ resettlement process, hindering their ability to find employment and establish economic independence (Bemak & Chung, 2017). Resilience theory provided a framework to explain how increasing individual resilience and self-sufficiency may support cultural adaptation and minimize pre and postmigration traumas associated with resettlement challenges. The study also explored what resources are needed to improve food access for Southeast Asian refugees to address. Increasing food access may improve health outcomes and increase economic mobility for refugees. Findings from this research may contribute significant information toward promoting the physical and mental health of refugees by increasing food access and self-sufficiency through community gardens.
CHAPTER 2: LITERATURE REVIEW

In Chapter 2, I provide a chronology of the journey of Southeast Asian refugees to the United States from arrival to assimilation to a new life. Specifically, I discuss pre and postmigration traumas and the false realities of the American dream. The American dream is an ideology that, if you work hard, you can achieve a better life, which is available to everyone in the United States (Frye, 2019; Hauhart, 2015). Furthermore, an examination of the literature will show extreme poverty and lack of access to healthy food negatively impacts a refugee’s social, physical, and mental health, making it difficult for individuals to believe they deserve a chance at the American dream of prosperity. Lastly, I explore how a community garden may give hope to refugees by addressing those challenges.

In this literature review, I included research conducted over the last 4 decades. It is important that specific historical events of the Southeast Asian refugees’ migration journey be explored through research literature conducted during critical time periods of history to convey the true essence of their struggles. I used resilience theory as the theoretical framework to guide this study. Resilience theory is the capacity to overcome personal hardship through self-determination and support from others (Bolton et al., 2017; Greene et al., 2004; Hendrick & Young, 2013).

This study filled the gap in research by exploring unique lived experiences of Southeast Asian refugees coping with social, economic, and food insecurity as well as health challenges while living in the United States. More importantly, this study provided qualitative data to help communities understand and identify individual perceptions of how lack of access to healthy food impacts Southeast Asian refugees’ social, mental, and physical health and what resources are needed to improve food access. Data from this study may help guide local government and
non-profit organizations to design community gardens that empower individuals and improve health outcomes of Southeast Asian refugees living in poverty.

**The Journey**

Since 1975, over 1.3 million Southeast Asian refugees have resettled in the United States. These refugees come from multiple countries, including Cambodia, Laos, and Vietnam, with the greatest number of refugees resettling in California, Florida, and Texas (Office of Refugee Resettlement, 2014). The Refugee Act of 1980 defines a refugee as a person who believes they cannot return back to their home country for fear of personal persecution for political, religious, social, or racial reasons. Under the Indochina Migration and Refugee Assistance Act of 1975, President Gerald Ford granted financial and resettlement rights to approximately 130,000 Southeast Asian refugees displaced by the Vietnam War (GovTrack, 2020). These Southeast Asian refugees fled their home countries to avoid political persecution after the United States and allied forces withdrew from the Vietnam War. Refugees from Cambodia, Laos (Laotian and Hmong), and Vietnam are covered under the Indochina Migration and Refugee Assistance Act of 1975 and were the focus of this research paper.

To explain refugee migration, I explored Kunz’s 1973 kinetic model of refugee theory. Although this theory was first presented in 1973, the theory continues to be widely used by researchers today to explain why individuals leave their home countries for a new host county. Kunz’s kinetic model of refugee theory explains there are two types of refugee movements. The first type of refugee movement is called anticipatory migration, and the second type is unexpected migration. Anticipatory migration is when an individual prepares for migration and may have time to prepare for the movement. Unexpected migration is when the refugee is unprepared and in a state of shock (Kunz, 1973). In 1981, Kunz (1981) expanded his theory to
include three additional concepts to explain the political and social relationship between a refugee and their home country that causes them to move from their home country to a new host country. The three concepts are (1) majority-identified refugees, (2) event-related refugees, and (3) self-alienated refugees (Kunz, 1981). Majority-identified refugees are individuals who leave their host country because they disagree with current social and political views of the host country. Event-related refugees are individuals who leave their host country because of an active social or political event. Lastly, self-alienated refugees are individuals who leave their home countries due to their own personal beliefs and or reasons of social and political discord with their home country.

The 1.3 million Southeast Asian refugees who left their home countries after the Vietnam War to avoid prosecution by the communist political regime would be classified under Kunz’s kinetic model of refugee theory as members of unexpected migration driven by the event of the United States and allied forces withdrawing from Southeast Asian at the end of the Vietnam War (Kunz, 1973, 1981). Although Kunz’s refugee theory is widely cited, critics argue his work does not explore the individual trauma experienced by refugees, which pushes them to leave their host countries (George, 2010). To fill this gap, I address both pre and postmigration traumas in this chapter.

**Chronology of a Refugee’s Journey**

In 1975, the United States began admitting refugees from Cambodia, Laos, and Vietnam. Under Kunz’s kinetic model of refugee theory, the first wave of refugees left their home country for the United States between 1975 and 1978 to avoid political persecution. This migration was not by choice but for survival. The first wave of over 130,000 refugees consisted mostly of affluent, educated Vietnamese people and Hmong soldiers (Haines, 1982; Kula & Paik, 2016;
Maffini & Pham, 2016). Hmong soldiers are individuals who served in the Secret War for the U.S. Central Intelligence Agency’s Special Guerrilla Unit (Vang, Vang, & Vang, 2013). The Pathet Lao communist government was determined to punish the Hmong people for helping the United States during the Vietnam conflict (Tsu, 2017). It is estimated 50,000 Hmong people were persecuted between 1975 and 1980 for their involvement in aiding the United States during the Vietnam War (Vang, Vang, & Vang, 2013). After the first wave of refugees, the United States continued to admit refugees from Cambodia, Laos, and Vietnam annually. The second massive wave of refugees arrived in 1979 and continued through the mid-1980s.

The second wave of refugees resulted from a series of war and political conflict escalations in Southeast Asia. These refugees were less educated and were more likely to have experienced horrific premigration traumas (Kula & Paik, 2016; Maffini & Pham, 2016). The second wave of over 300,000 Southeast Asian refugees included Laotian, Hmong, and Vietnamese, but most were Cambodian refugee survivors of the Khmer Rouge genocides (Haines, 1982; Kula & Paik, 2016). The communist Khmer Rouge mass genocides is noted in history as one of the most horrific war atrocities in the Indochina region. It is estimated one fifth of people in Cambodia died during the Khmer Rouge regime (Kiernan, 2003). The third wave of Southeast Asian refugees arrived in the late 1980s through the 1990s. This wave of refugees was a part of the United States humanitarian efforts to assist individuals in war-torn regions (Kula & Paik, 2016).

**Arrival in the United States**

Humanitarian efforts continued as refugees arrived in the United States. Unlike the first wave of refugees, the second and third wave of refugees spoke little or no English and had limited education and financial resources to help them adapt to life in the United States.
To assist newly arrived refugees, the U.S. government coordinated resettlement efforts to help refugees learn English, find jobs, and access healthcare. The government also provided refugees with welfare financial services; however, most resettlement assistance ended in the 1980s due to the economic crisis in the United States (Kula & Paik, 2016). As governmental resources and financial support scaled back after the initial resettlement, a secondary migration emerged as refugees relocated from their initial place of arrival in the United States to new ethnic communities to reconnect with friends and families (Gordon, 1987; Haines, 1982; Tsu, 2017). Welfare reforms of the 1990s also influenced the secondary migration as refugees searched for employment opportunities in communities with high manufacturing jobs, such as St. Paul, Minnesota, or self-sufficiency opportunities like farming in the Central Valley of California (Tsu, 2017).

**Adjusting to a New Life**

Adjusting to a new life in the United States presented its own challenges. Many Southeast Asian refugees faced social and racial discrimination, making it difficult for them to adjust to their new life in the United States. In particular, the Hmong people found it hard to adjust to their lives in the United States. Migrating from a third world country to fast-paced metropolitan cities in the United States like Chicago and Los Angeles was a cultural shock for many Hmong refugees (Tsu, 2017). To exacerbate the experience, many refugees were placed in low-income housing communities with high rates of crime and poverty (Kim & Kim, 2014; Tsu, 2017).

When the first wave of refugees arrived in 1975, resettlement resources lacked cultural, social, and psychological understanding of what refugees needed to successfully adjust to life in the United States. Today, although not perfect, greater attention is being given to refugee
resettlement efforts. For example, in a 2018 study by Dubus of 110 resettlement providers and administrators, the author identified three resettlement goals. The first was to minimize transition burdens by mitigating resettlement stressors. This included placing refugees in culturally specific refugee communities and providing transportation services and financial support. The second goal was rapid integration into the host country, specifically, learning how to speak the host country’s language and securing employment within the first year of arrival. Lastly, the third goal was to build individual and family resiliency. This included building individual and family capabilities and strengths through resources and support. It also included understanding and addressing the effects of trauma (Dubus, 2018). In another study of pre-war acculturation and education of Southeast Asian refugee communities by Kula and Paik (2016), the authors identified that to understand the Southeast Asian refugee migration experience, we must be committed to understanding barriers and to helping them overcome challenges.

**Premigration Trauma**

To understand barriers faced by Southeast Asian refugees, it is important to understand refugees’ premigration traumas. Premigration trauma are events experienced by refugees prior to the time they fled their home country. These events may include witnessing torture and killings, threats of mass genocide, sexual violence, starvation, extreme hardship, and other atrocities (Bemak & Chung, 2017; Goodman et al., 2017). Refugees who experienced trauma during their migration journey may experience PTSD, a psychological reaction to a traumatic event. Traumatic experiences may have lifetime psychological and stress implications on refugees (Goodman et al., 2017; Maffini & Pham, 2016). Premigration trauma experienced during the migratory journey increases physical and psychological distress of refugees (Bemak & Chung, 2017; George, 2010). It should be noted each refugee has their own personal lived
experiences, including different levels of psychological impact and unique ways of coping with pre and postmigration trauma. Not all experiences are equal in severity, nor are psychological impacts equal. Every refugee’s story is different and should be viewed from the refugee’s cultural lens (Bemak & Chung, 2017).

**Assimilation**

As with premigration trauma, assimilation to a new life in the United States is also uniquely different for each refugee. Although the Hmong, Laotian, and South Vietnamese fought against communism with the United States during the Vietnam War, when they arrived in the United States, they were not always welcomed and faced racial discrimination. Assimilating to the United States included many challenges, including language barriers, poverty, unemployment, and lack of education and job skills (Bemak & Chung, 2017; Kula & Paik, 2016; Maffini & Pham, 2016). In a study on economic adaptation by Potocky-Tripodi (2003), the researcher found refugees faced many challenges adapting to a new host country compared to immigrants. Potocky-Tripodi also identified the most important success factors for adaptation as education, gender, and family composition. Education attainment was listed as the number one predictor of economic adaptation by Potocky-Tripodi (2003), yet Southeast Asians continue to face challenges in regard to education attainment.

According to a 2011 report, published by the Southeast Asian Resource Action Center based on the 2010 U.S. Census data, 66.7% of Cambodian, 64.6% of Hmong, 67.5% of Laotian, and 69.8% of Vietnamese refugees have a high school degree as compared to 85.6% of the overall U.S. population. More disappointingly, only 16% of Cambodian, 14.8% of Hmong, 13.2% of Laotian, 25.5% of Vietnamese refugees have a bachelor’s degree or higher as compared to 48.9% of Asians overall (Southeast Asia Resource Action Center, 2011).
Increasing opportunities for educational attainment of Southeast Asian refugees may lower assimilation barriers and improve economic mobility and adaptation to a new host country for refugees (Potocky-Tripodi, 2003). In addition to low levels of education attainment, Southeast Asian refugees also experience postmigration trauma stressors. I discuss postmigration trauma stresses in the following section.

**Postmigration Trauma**

Postmigration trauma stressors may include adjusting to a new culture, finding housing, establishing employment, learning a new language, feeling of identity loss of their homeland, and experiencing financial hardship or discrimination (Bemak & Chung, 2017; Goodman et al., 2017). In a study on migration-related emotional distress among Vietnamese psychiatric patients, Nguyen et al. (2020) researched five themes of distress: (1) employment, (2) children, (3) partnership, (4) psychological and somatic symptoms, and (5) finances. In addition, Nguyen et al. (2020) also studied postmigration cultural distress. Cultural distress may include conflict over traditional values and practices, changes in relationship and family dynamic, and erosion of native cultures as younger refugees assimilate to the host country’s cultures and norms. For example, participants cited their parent-child relationships as sources of distress as it pertains to lack of respect and support for one’s parents and or elders (Nguyen et al., 2020).

In their study on refugee trauma, Bemak and Chung (2017) outlined multiple factors that may create postmigration stress for refugees. Stressors included lack of language proficiency, employment, or education; changes in family dynamics; and discrimination. Bemak and Chung asserted that experiencing discrimination, loss of identity, decrease in social status, or not being able to provide basic needs for their family, such as housing and employment, creates postmigration traumas for refugees as they start to question their self-esteem and overall self-
worth. Postmigration stress may affect resettlement efforts and individual mental health. To address these postmigration stressors, Bemak and Chung advocated for culturally responsive counseling and resources to help individuals establish social networks, learn the country’s language, gain employment, and maintain their cultural identity.

Helping refugees with their basic welfare and social and economic needs will relieve postmigration stressors (Agathangelou & Killian, 2018). Another way to cope with pre and postmigration trauma is to help refugees develop resiliency skills. Resilience skills may be developed by leveraging refugees’ personal and religious beliefs system. Goodman et al. (2017) found several internal and external factors that assisted refugees in coping with pre and postmigration trauma. External factors included governmental assistance and social support from family members. More interesting, researchers also found focusing on internal factors such as religious and personal beliefs may facilitate healing. The mere belief that more opportunities exist in the United States compared to their home country may help refugees cope with pre and postmigration traumas (Goodman et al., 2017).

**False Realities of the American Dream**

The American dream is the collective American cultural belief that more opportunities exist in the United States for refugees as compared to their home country. This belief is true in many aspects in regard to education, employment, economic mobility, self-liberties, and democratic rights; however, the reality for some refugees is not everyone may achieve the American dream of prosperity. Structural inequities and social barriers, such as high unemployment rates or systemic discrimination and inequalities, exist for refugees, which make it difficult for them to achieve the American Dream (Frye, 2019). In a 2019 study, Frye examined the shared American dream myth that if you work hard, you can achieve a better life,
which is available to everyone in the United States. Building on the myth, Frye (2019) reconstructed the American dream ideology from a material wealth model of success to the social and moral model of success by Lamont (2019).

Both Frye (2019) and Lamont (2019) asserted that, by reframing the model from material wealth to a moral state of being, broadens the boundaries of success and removes the disappointment and self-blame in people, who already have the odds stacked against them. The authors argued that not everyone has the same opportunities and to continue to falsely tell people they have full control over their own success could lead to disappointment and despair. Instead, a change to the American dream narrative from a focus on material wealth to individual self-worth positions the individual for a more realistic outcome (Frye, 2019; Lamont, 2019).

Haunhart (2015) attempted to analyze and reengineer the definition of the American dream ideology coined by American author James Truslow Adams. Haunhart (2015) explained Adams’ reference to the American dream as “richer and fuller” in his 1931 book, The Epic of America, was not intended to be interpreted as financial success; instead, it was meant to mean individual personal fulfillment. Haunhart (2015) proposed the American dream may be reimagined in terms of hopes and dreams based on individual lived experiences to incorporate a broader understanding of U.S. social factors and cultures.

**Social, Physical, and Mental Health Issues**

Hopes and dreams may be overshadowed by social, physical, and mental health. In a random study of 590 Cambodians living in Oakland, California, Uba and Chung (1991) found refugees’ premigration traumatic experiences significantly affected the financial, physical, and mental health of Cambodian refugees. The authors explained refugees’ horrific experiences of starvation, witnessing war atrocities, tortures and killings, rape, and extreme hardship in labor
refugee camps have long lasting impacts (Uba & Chung, 1991). In another study of 447 Southeast Asian refugees and their mental health, Nicholson (1997) cited Uba and Chung (1991) as a prior study to show a connection between pre and postmigration traumas experiences and high rates of mental health issues of refugees. Nicholson (1997) found 40% of participants suffered from depression, 35% from anxiety, and 14% from post-traumatic stress. Nicholson’s findings support prior studies by Uba and Chung (1991), indicating a link between pre and postmigration traumas experienced by Southeast Asian refugees and their mental wellbeing. The author does acknowledge there is an ongoing debate by researchers on whether pre and postmigration traumas cause mental health issues among refugees (Nicholson, 1997). Lastly, a more recent study by Reed and Barbosa (2017) found refugees experience greater mental and health issues, which stem from migration trauma experienced during war and their migration journey from war. The researchers concluded health disadvantages exist for refugees, making them more likely to suffer from chronic diseases, such as cardiovascular disease, diabetes, hypertension, and obesity (Reed & Barbosa, 2017).

Disparities in physical and mental health for refugees may be due to socioeconomic and environmental factors. Refugees who do not speak English or have limited job skills may experience a higher rate of underemployment and low income, which limits their ability to access health benefits and healthcare. Underemployment impacts a refugee’s ability to financially provide for their family and has a profound impact on self-esteem and self-worth (Danso, 2016).

**Poverty**

In addition to social, physical, and mental health issues, chronic poverty and poor living conditions exacerbate postmigration trauma for refugees. Southeast Asian refugees living in the
United States are more likely to live in poverty as compared to other Asians overall. Hmong families have the highest rate of poverty at 27.4%, Cambodians at 18.2%, Vietnamese at 13%, and Laotian at 12.2% as compared with the poverty rate of Asians overall at 9.3%. The poverty rate for a single Hmong female parent with children under 18 years of age is even higher at 57.7% (Southeast Asia Resource Action Center, 2011). Kim and Kim (2014) found psychological impacts of pre- and post-resettlement traumas may affect an Asian refugee’s ability to learn the English language and gain employment. As a result, refugees face years of mental health and economic challenges due to high unemployment rates (Kim & Kim, 2014). In another study by the Food Research & Action Center (2017), low-income people are more likely to be food insecure, have shorter life expectancy, and be at greater risk for physical and mental health issues. Poverty also limits the ability of families to purchase healthy foods. Residents living in underserved communities face transportation challenges and are more likely to have limited access to grocery stores that offer a variety of healthy food options (California Department of Food & Agriculture, 2012).

**Food Access**

The definition of food access or food insecurity has changed. In 2006, the U.S. Department of Agriculture (USDA) removed the word hunger from their definition of food insecurity and introduced varying levels of food insecurity. Food insecurity is defined in two levels: (1) low food security and (2) very low food security. Low food security is defined as “reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake” (USDA Economic Research Service, 2020, para. 1). Very low food security is defined as “reports of multiple indications of disrupted eating patterns and reduced food intake” (USDA Economic Research Service, 2020, para. 1). In a study by Colpaart et al. (2016) on individual
food factors and barriers in food insecurity, the authors divided food insecure clusters into two categories (similar to the USDA’s guidelines) as (1) proximity to stores with healthy food access and (2) affordability of healthy food options to increase consumption. The authors found families would compromise purchasing healthy food for less nutritious alternatives due to cost. Additionally, access to stores with healthy food options was another barrier to not consuming healthier fruit and vegetable options. The authors concluded improving health education, affordability, and access to healthy food would significantly increase consumption of fruits and vegetables, which may lead to better health outcomes (Colpaart et al., 2016).

**Giving Hope Through Community Gardens**

One way to improve access to affordable healthy food and increase consumption of fruits and vegetables is through community gardens. Community gardens increase food access for families and have social, mental, and physical health benefits (Colpaart et al., 2016). In a study by Bailey et al. (2020), researchers in Melbourne, Australia found community gardens increased social benefits by improving social, health, and environmental outcomes. The study was conducted due to a growing concern that social isolation and loneliness were developing into a problematic social issue. Researchers uncovered three themes: (1) community gardens facilitated greater social engagement between members, (2) community gardens benefits extended beyond the borders of the gardens into local communities, and (3) several factors decreased social benefits. Theft, vandalism, and competition for allocation of land resources were cited as factors that decreased social benefits. Despite the negative factors, the researchers concluded community gardens may increase social capital by decreasing the feeling of social isolation and connecting individuals with communities across all cultures (Bailey et al., 2020).
Hartwig and Mason (2016) found community church gardens in the Twin Cities of Minnesota improved social, mental, and physical health of refugee participants. Results suggested participation in community gardens increased physical activities and created a sense of culture and sense of self-worth through growing and harvesting food. Additionally, the researchers discovered community gardens increased access to necessary dietary food products, social community interactions, and consumption of fruits and vegetables. More remarkable, refugee participants expressed that community gardens had a healing attribute and spoke of emotional and mental benefits. The community garden gave refugees a space to interact with others, build friendships with other gardeners, and connect with their community. The social benefits lessened their feelings of isolation and depression (Hartwig & Mason, 2016). Hartwig and Mason’s findings are relevant to this research study because their results indicate there are social, mental, and health benefits from community gardens for refugee participants. Furthermore, the authors call for additional development and partnership across community organizations to replicate the benefits of community gardens outside of a church setting. My research will add qualitative data from Southeast Asian refugees, which may help community organizations create innovative solutions to meet the needs of refugees living in low-income housing.

Related to Hartwig and Mason’s (2016) study of health promotion, Alaimo et al. (2016) asserted that community gardens may promote physical and mental health, enable self-sufficiency, improve food access, and build collective community efficacy and engagement. Specifically, community gardens may promote greater consumption of fruits and vegetables and increase physical activities and social interactions among participants, which may lead to better health outcomes and community engagement. The authors stated community gardens may have
land and environment challenges, and, if managed and promoted correctly, may have many benefits that extend beyond the borders of the gardens into homes and neighborhoods across all spectrums of communities (Alaimo et al., 2016).

Interestingly, Booth et al. (2018) found community gardens promote a sense of community; individual empowerment; social, mental, and physical health; and increased consumption of vegetables, regardless of the level of participation in gardening activities. The study found consumption of vegetables increased for all levels of participants as a result of increased access and exposure to community gardens. More importantly, the study reinforced community gardens may promote better health outcomes and facilitate positive social impacts in local communities, especially in disadvantaged communities (Booth et al., 2018).

Lastly, White (2011) introduced a novel construct of community gardens as a form of resistance, empowerment, self-sufficiency, and control over one’s self-healing. Similar to other researchers, White (2011) affirmed community gardens feed families, relieve stress, and transform communities. The author also challenged the research community to view community gardens through the theoretical framework of ecofeminism. White (2011) explained ecofeminism theoretical framework provides a framework to examine the relationship between nature, gender oppression, and resistance from a feminist lens. More interesting, White (2011) wrote about food access as a form of power, control, and empowerment. White described this as the power to oppose perpetuated inequalities and take back control of food access by cultivating one’s own food. Based on White’s research, community gardens may serve the dual purpose of resisting inequalities and empowering individuals by giving hope back to Southeast Asian refugees (White, 2011).
Resilience Theory

I used resilience theory as the theoretical framework to guide this study. Resilience is the capacity to overcome personal hardship through self-determination and support from others (Bolton et al., 2017; Greene et al., 2004; Hendrick & Young, 2013). According to Bolton et al. (2017), resilience may be defined as a variable process through three stages: (1) an event that triggers an activation or interaction; (2) reaction to the event; and (3) an outcome, whether positive or negative. Each of these three phases includes risk factors, protective factors, and vulnerability factors, which operate as activators of the process. Risk factors are triggers that may initiate a personal hardship or traumatic event. Protective factors focus on the individual’s innate psychological skills to overcome an event and move through the three stages. Vulnerability factors are opposite of protective factors. Vulnerability factors are personal traits or environmental factors that, if experienced, increase the probability of an activation of an adverse event (Bolton et al., 2017).

The strengths of Bolton et al.’s theory of resilience include a pragmatic framework to explain the process of resiliency and how the individual may rely on their existing personal strengths to transform themselves from victim to survivor. The literature fails to address how individuals who lack the psychological competencies needed may acquire protective factors to cope with personal hardship and adversity when access to a professional counselor or psychologist may not be available. Refugees with limited financial resources who are coping with pre- and post-traumatic experiences may not have access to clinical specialists who can coach them through a traumatic event. Therefore, in their study of traumatic stress in refugee families using the resiliency model to measure family transition stressors, Agathangelou and Killian (2018) asserted social support and culturally responsive therapy resources should be
made available to refugees as a part of their resettlement plan to help them adapt and cope with migration traumas.

Other important aspects in resilience theory are external environmental factors. External environmental factors are support services available to help individuals overcome adversity through program services, counseling, education, and training (Bolton et al., 2017; Greene et al., 2004; Hendrick & Young, 2013). External environmental factors may involve government, nonprofit organization, or community involvement as a whole. External environmental factors may play a critical role in helping refugees cope with pre and post trauma. People who have community support and governmental assistance have been shown to be more resilient (Greene et al., 2004; Hendrick & Young, 2013).

**Criticisms of Resilience Theory**

A recurring criticism of resilience theory in the literature is a lack of consensus among researchers on the definition of resilience. Bolton (2017) explained that some researchers define resilience as the capacity to adapt, while others define it as a dynamic process of transformation. Others argue it is a personality characteristic or individual trait to bounce back from adversity (Bolton et al., 2017; van Breda, 2018). In a multidisciplinary panel discussion at the 2013 International Society for Traumatic Stress Studies, all four panelists presented a slightly different definition of resilience (Southwick et al., 2014). In defining resilience, Southwick et al. (2014) pointed out that, while the definition of resilience may vary, it is important to acknowledge resilience is a continuum over time and degree of resilience is situational. The ambiguity of the definition of resilience also lends itself to varying interpretation of resilience theory. Although there have been attempts to clarify the theoretical framework, the construct of the theory continues to be highly debated among researchers (Bolton et al., 2017; van Breda, 2018).
Furthermore, van Breda (2018) argued resilience theory does not explain the connection between the process and outcome in a critical review of resilience theory. How is resilience measured? How to define a positive outcome? Answers to these questions are missing from resilience theory. van Breda (2018) also pointed out there is a difference in outcome depending on the magnitude and duration someone is exposed to vulnerability environmental factors, such as in the case of refugees who are exposed to war atrocities or who live in extreme poverty over long periods of times. van Breda (2018) argued resilience theory places responsibility on the individual to overcome adversity and fails to address equity and access.

Equity and access are a criticism of resilience theory that cannot be ignored. Racial discrimination; generational poverty; economic mobility; and equity and access to education, housing, and affordable, healthy food are all factors to consider when evaluating one’s capabilities to overcome personal hardships and adversities. It is evident there are gaps in the research. More work needs to be done, specifically on how social inequality plays a role in the resilience theory process (van Breda, 2018). Due to the involvement of multiple disciplines and complexity of resiliency, the constructs of resilience theory may continue to be debated for years to come.

Despite shortcomings in the theoretical framework, resilience theory assists researchers and practitioners in understanding pre- and post-traumatic stress in refugees and how they may help individuals overcome trauma. Specifically, how individual attitudes and social support structures may promote resilience in individuals (Greene et al., 2004). Resilience theory provides a framework to illustrate how refugees may overcome horrific experiences of torture, sexual violence, starvation, extreme hardship, and other war atrocities. Resilience theory connects the refugee’s journey from migration after the end of the Vietnam War to the social,
mental, and physical health problems they face today. To address these challenges, Greene et al. (2004) asserted professionals may assist individuals to overcome adversity by first understanding the underlying factors caused by trauma to develop an intervention plan to address risk factors. Resilience theory allows for deep inquiry into individual experiences to understand the root cause of trauma and how human capacity may be leveraged to overcome personal hardship through self-determination and mental strength (Greene et al., 2004).

Closing with Hope

In this chapter, I summarized the research literature and identified that pre and postmigration traumatic experiences may have lifetime psychological and stress implications on refugees (Goodman et al., 2017; Maffini & Pham, 2016). Witnessing tortures, threats of mass genocide, sexual violence, starvation, extreme hardship, and other atrocities creates barriers to assimilation for refugees (Bemak & Chung, 2017; Goodman et al., 2017). Furthermore, refugees experience mental and health issues stemming from migration trauma experienced during war and their migration journey. Health disadvantages exist for refugees, making them more likely to suffer from chronic diseases, such as cardiovascular disease, diabetes, hypertension, and obesity (Reed & Barbosa, 2017). Health issues may impact a refugee’s mental health, hindering their ability to learn English, gain employment, and successfully assimilate to their new country (Kim & Kim, 2014).

To reduce levels of psychological migration distress in Southeast Asian refugees, I explored how community gardens may give hope to Southeast Asian refugees living in low-income communities through the theoretical framework of resilience theory. Resilience theory provides a framework to illustrate how refugees may overcome horrific experiences of torture, sexual violence, starvation, extreme hardship, and other war atrocities. Resilience theory
connects the refugee’s journey from migration after the end of the Vietnam War to the social, mental, and physical health problems faced today. Resilience theory allows for deep inquiry into individual experiences to understand the root cause of trauma and how human capacity may be leveraged to overcome personal hardship through self-determination and mental strength (Greene et al., 2004). The literature review positions this research to explore and identify individual perceptions of how lack of access to healthy food impacts Southeast Asian refugees’ social, mental, and physical health and what resources are needed to improve food access and health outcomes to give them hope.
CHAPTER 3: METHODOLOGY

In this chapter, I outline the research methodologies used to conduct this research. Included is a description of the research questions, significance of the study, inquiry approach, methodology, participants, data collection, data analysis, and trustworthiness and limitations of the study. Each section provides an overview of how the research was conducted and what qualitative research design methods and tools were used. I will outline the methodological rigor employed to conduct the study in an ethical manner, which complied with the University of the Pacific’s and the Institutional Review Board’s ethical research standards involving human subjects.

Significance of the Research

The study may fill the gap in research by exploring unique lived experiences of Southeast Asian refugees coping with social, economic, and food insecurities and health challenges while in the United States. Understanding Southeast Asian refugees’ lived experiences and perceptions of how lack of access to affordable healthy food may impact their social, mental, and physical health provides insights to their individual needs. This research may serve as a preplanning needs assessment for development of my nonprofit organization called the Garden of Hope. Data from the research will set the groundwork to guide the design of community garden programs that may empower individuals and improve health outcomes of refugees living in poverty. This study has the potential to improve the social, mental, and physical well-being of Southeast Asian refugees; help minimize postmigration trauma; and support cultural adaptation into the United States. Lastly, it is my hope the research may drive positive social change in communities by empowering individuals and building individual resiliency for Southeast Asian refugees.
Inquiry Approach

The inquiry approach is a qualitative research study. Qualitative research is defined as research that focuses on the holistic, individual lived experience from the participant’s perspective (Roberts, 2010). Qualitative research is appropriate for this study because my aim is to gain a deep understanding of individual perceptions on how lack of access to affordable healthy food may impact the social, mental, and physical health of Southeast Asians refugees through their individual lived experiences.

Methodology

The research method design is basic qualitative research. While all forms of qualitative research methods are grounded on understanding individual experiences, basic qualitative research seeks to identify and understand how people see and interpret their world through their individual lens (Merriam & Tisdell, 2015). The primary goal of basic qualitative research is to understand how the participant interprets, constructs, and perceives their individual experience or phenomenon (Merriam & Tisdell, 2015). Utilization of basic qualitative research methods helped to explore and answer the three inquiry questions:

1. What are the perceptions Southeast Asian refugees have on how food access impacts them?
2. What are the resources needed to increase access to healthy, affordable, and culturally congruent food for this population of Southeast Asian refugees?
3. In what ways, if any, might community gardens meet the gaps in food access?

Description of Participants

In this study, I focused on a specific population of Southeast Asian refugees living in a 220-unit apartment complex in the Central Valley of California. Over 1,000 residents, mostly low-income, Southeast Asian refugees, live in this apartment complex. Many residents live
below the poverty line with limited access to affordable, healthy, and culturally congruent food. I specifically targeted this apartment complex for my research based on a personal work experience.

In 2015, as a representative of a large utility company, I was asked to go door-to-door to talk with residents in this apartment complex to explain why the utility company shut-off their natural gas service in the middle of winter. As I went from one residence to the next, I witnessed deplorable living conditions. Several families invited me into their homes to share their personal stories of poverty. They showed me vegetable gardens, which they cultivated in small patches of dirt around the apartment complex. They told me they relied on the small gardens to supplement their food budget to feed their family. They shared with me that growing their own food was a sense of pride and a connection with their cultures. At the end of the workday, I left the apartment complex wanting to learn more about the individual lived experiences of the people I met and with a lifelong commitment to helping them.

As a researcher, I have a personal connection with this population of refugees. In May 1975, my family boarded a U.S. military plane, and we left our home in Laos to resettle in the United States. As refugees, my family and I struggled with food insecurities and poverty for most of my childhood, but our gardens gave us access to nutritious fruits and vegetables. When we did not have money for store-bought food, we had our gardens to give us hope.

To fulfil my commitment, I focused on nine volunteer participants who live in the apartment complex and either have or are currently cultivating a garden in the apartment complex. I selected participants who self-identify as Southeast Asians from Cambodia, Laos (Laotian and Hmong), and Vietnam. A qualified language interpreter helped to interpret and review the individual interview transcripts.
Data Collection

Data for this qualitative research project were collected remotely during the spring school semester from January 2021 through March 2021. I gave a research participation solicitation flyer (see Appendix A) to the apartment complex manager to distribute to potential participant volunteers. As a part of the participant solicitation, I sought the assistance of my uncle, a childhood friend of the apartment complex manager, to establish trust with the apartment complex manager. In the Asian culture, relationships are a critical link to accessing others in the community. By having my uncle introduce me, his friendship and trust with the apartment complex manager extended to me. This formal introduction was essential in the data collection process to ensure the flyers were distributed by apartment complex managers to potential participant volunteers. No participant information or identities were disclosed to my uncle or the apartment complex manager during this process.

Equally in the Asian culture, it is customary to introduce oneself to potential research participants to garner trust and learn about the person’s family before conducting any form of personal business. This is a critical first step in the research process before participants will accept an invitation to participate in a qualitative study that dives deep into their personal lived experiences as refugees. Due to language and cultural barriers, I prescreened participants to ensure they understood the purpose of the study and personal commitment needed for follow-up interviews, if needed, to member-check research findings. Initial prescreening phone calls allowed me, as the researcher, to build rapport and trust with potential research participants.

Once a formal introduction and rapport was established with the potential participant, a prescreening form (see Appendix B) was completed to gather basic demographic information, such as gender, age, ethnicity, country of origin, years in the United States, language preference,
annual income, employment status, and contact information. I used the prescreening form to evaluate participant qualifications. I used three criteria to qualify participants: (1) adults who self-identify as Southeast Asians from the countries of Cambodia, Laos (Laotian and Hmong), and Vietnam, (2) currently or have previously participated in gardening in the apartment complex of research, and (3) able to voluntarily consent to participate in the research and agree to schedule a time for a virtual interview. Table 1 is a list of inclusion and exclusion criteria for participation in the research study.

Table 1
*Inclusion and Exclusion Criteria for Participation in the Qualitative Research Study*

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<tr>
<th>Criteria of Inclusion</th>
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<tr>
<td>18 years of age or older</td>
<td>Unable to give informed consent</td>
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<tr>
<td>Self-identify as Southeast Asians from the countries of Cambodia, Laos (Laotian and Hmong), and Vietnam</td>
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<tr>
<td>Live in targeted apartment complex</td>
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<tr>
<td>Either has or currently is working in a garden in targeted apartment complex</td>
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<tr>
<td>Able to voluntarily participate in a 1-hour long virtual interview by telephone or Zoom meeting platform due to COVID-19 global pandemic restrictions on in-person interviews.</td>
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Additionally, the prescreening form provided information on language preferences and whether or not the participant needed a qualified language interpreter for the interview. I also
used the prescreening phone conversation to solicit additional research participants through a sampling process called snowball. Snowball is a form of network sampling where the researcher leverages participants to refer other qualified candidates in the community to participate in the study (Merriam & Tisdell, 2015). The process is then repeated with additional participants until enough volunteers are acquired.

The primary data collection method consisted of one 60-minute interview. Participants received a $10 Walmart gift card for their time. I conducted interviews over the phone due to a COVID-19 global pandemic social distancing ordinance. Interviews were planned for 1 hour in duration but ran shorter or longer depending on the richness of conversation and participants’ engagement. I recorded individual interviews with the participant’s consent (see Appendix C). The consent to participate in research form was read out loud to the participant in the language of their choice to ensure understanding. I used a standard interview protocol (see Appendix D) for all interviews. This ensured all participants were given the opportunity to respond to the same questions.

I gave all participants pseudonyms to protect their identity. All data, consent forms, original recordings, and transcripts are stored in a password-protected cloud storage. Access to the data is limited to me, as the researcher. I asked the language translator to adhere to the same high ethical standards when handling research data and to sign to a confidentiality agreement (see Appendix E).

**Data Analysis**

I transcribed phone interviews verbatim into written transcripts. A language interpreter assisted with verifying the transcription for accuracy. Once interview transcripts were available, I coded the data, analyzed for themes, and evaluated the themes against the three research
questions. Using Braun and Clarke’s (2006) six phases of thematic analysis method, I reviewed, manually coded, and organized interview transcripts into themes. Braun and Clarke’s thematic analysis allows the researcher to actively engage in understanding the data and critically reflect on the decisions behind the analysis of the data through an inductive framework. Braun and Clarke’s thematic analysis method is not linear and may be conducted in several iterations to validate the themes. The six thematic analysis phases are “(1) familiarizing yourself with the data, (2) generating initial codes, (3) generating themes, (4) reviewing the themes, (5) defining and naming themes, and (6) producing the report” (Braun & Clarke, 2006, p. 87).

Phase 1 requires the researcher to actively review and critically analyze the data for understanding. Phase 2 entails taking time to reflect and systematically code the data into words that capture the richness of the story. Phase 3 is an active process of organizing all codes into themes that are united by a central idea. Phase 4 is a critical analysis of identified codes and themes from Phases 2 and 3. In Phase 4, the researcher critically evaluates and refines the themes. A thematic map may help to organize codes into themes. Phase 5 is naming and defining themes. The generated themes should accurately reflect and tell the story of the data collected. Lastly, Phase 6 is producing the final analysis report based on the themes extracted from the data.

To confirm my findings, I performed multiple thematic analyses, followed by a review of themes with the language translator, before I conducted member-checking with the participant. Additionally, as the researcher, I kept a reflective journal to document my thoughts and decisions as I reviewed transcripts, assigned codes, and categorized data into themes. Braun and Clarke (2006) asserted reflexivity and active engagement with the data are critical in thematic analysis.
**Trustworthiness**

As a part of the thematic analysis, I took several steps to assure trustworthiness of the data. The first step was a careful review of the audio recordings and transcriptions from Hmong-to-English text. This process included multiple listening sessions while transcribing data, a thorough review of the transcript against audio-recording sentence-by-sentence, and a final audio review of each interview recording during the thematic analysis process. English-language transcripts of the audio recordings were then triangulated with the Hmong translator for accuracy in translation and meaning.

Once the data were analyzed and categorized into themes, the data were then validated for accuracy with one of the study participants, Tou Zong, as a part of the member-checking process. Tou Zong was selected for member checking because he expressed a high level of interest in the study and volunteered his time to assist with ensuring the accuracy of the interpretation and cultural meaning of the data. This method of data confirmation is known as member checking. The process involved asking the participant to review the researcher’s findings and provide feedback on the accuracy of the interpretation of the data (Baxter & Jack, 2008; Creswell, 2013). Member checking is an important qualitative research process to ensure the trustworthiness of the data and a way to uncover any biases that I might have as a Southeast Asian refugee myself. Feedback from both the Hmong translator and study participant validated the accuracy of participants’ narrative accounts.

Furthermore, to establish trustworthiness, Merriam and Tisdell (2015) asserted ethical practices and methodological rigor are critical research procedures in qualitative research to ensure that the interpretation of the data reflects reality. For this research, I took the utmost care to ethically collect, analyze, and report the research findings. Another strategy to ensure
trustworthiness of the data was use of a qualified language translator to assist with interviews and audio transcriptions. Using a qualified language translator ensured that data collected were translated, transcribed, and reported accurately. Allocating extensive research time for interviews and utilization of an interview protocol (see Appendix D) written in simple terms that were easily understood and translated may have also helped to minimize misunderstandings and confusion for participants. In summary, the methodological rigor through translator reviews, member checking, and ethical data collection practices ensured trustworthiness of the data collected.

**Limitations**

This study was limited to participants recruited from a specific apartment complex in the Central Valley of California. As a result, the findings may not be representative of the whole population and may not be generalizable among the larger Southeast Asian refugee population. Additionally, the COVID-19 global pandemic field research restrictions presented limitations to the study. During the COVID-19 global pandemic, researchers were not allowed to conduct in-person solicitation or interviews, which may have yielded a more diverse population of participants. Conducting telephone interviews may have lessened interpersonal interactions that naturally occur with face-to-face communications. Lack of interpersonal and cultural connection using a virtual research method may have resulted in shorter interviews as participants may not have felt comfortable disclosing personal lived experiences over the telephone with an unfamiliar researcher. However, this research is illustrative of the experiences of Southeast Asian refugees who were resettled in the United States after the 1970s and, thus, may provide important data about the importance of community gardens in restoring a sense of community to those who fled their home countries.
Chapter Summary

In Chapter 3, I described the research strategies and methods that I employed to conduct this study. I took stringent measures to properly transcribe, interpret, store, and protect the data to ensure its trustworthiness. The research data may be important in helping to understand how lack of access to healthy food may impact Southeast Asian refugees’ social, mental, and physical health and what resources are needed to improve food access. Addressing food access and opportunities may improve the well-being of Southeast Asian refugees and minimize postmigration trauma to support cultural adaptation into the United States. More importantly, the research findings may help set the groundwork for a preplanning needs assessment for a non-profit organization called the Garden of Hope. It is my hope this research study may drive positive social change in our communities by increasing self-sufficiency and improving health outcomes of refugees living in poverty.
CHAPTER 4: FINDINGS

My purpose for this study was to gain a deep understanding of how the lack of access to affordable healthy food impact Southeast Asian refugees’ social, mental, and physical health. The three inquiry questions that guided this study are:

1. What are the perceptions Southeast Asian refugees have on how food access impacts them?
2. What are the resources needed to increase access to healthy, affordable, and culturally congruent food for this population of Southeast Asian refugees?
3. In what ways, if any, might community gardens meet the gaps in food access?

Chapter 4 provides a summary of participant demographics and descriptions of the data collection and data analysis technique using thematic analysis (TA). Additionally, this chapter presents major themes from the research findings as related to the research questions, literature review, and theoretical framework of resilience theory. Chapter 4 concludes with a discussion of unexpected findings and how those findings are deeply rooted in Hmong culture.

Research Participant Demographics

In this study, I focused on a population of Southeast Asian refugees living in a 220-unit apartment complex in the Central Valley of California. This apartment complex is similar to other low-income housing apartment complexes in the area and offers either a one-bedroom or two-bedroom, single-story living space with basic amenities and common areas. This apartment complex is different from many others due to individual garden plots that line the front porches and run along the outer perimeter of the apartment complex. If there is usable land, there is a garden filled with mustard greens, snow peas, eggplants, cilantros, green onions, and countless herbs brought to the United States by Southeast Asian refugees from their native home countries. Each spring, this apartment complex is transformed from an ordinary apartment complex to a
vibrant outdoor space with rich colors. The air is filled with a mixture of fragrance from Thai peppers, purple mints, and aromatic lemongrass, which line the apartment complex units. The people who live in this apartment complex are equally vibrant with diverse backgrounds and unique lived experiences. The apartment complex residents consisted of mostly of low-income Southeast Asian adults and or small families. To protect participants’ anonymity, I assigned pseudonyms to the apartment complex and nine participants. The apartment complex’s pseudonym name is Garden Apartments. If the participant’s gender was male, their pseudonym started with Tou. If they are female, their pseudonyms start with Mai. In the Hmong language, Tou translates to mean “son,” and Mai translates to mean “girl” in English. Table 2 is a summary of each participant’s demographics.

<table>
<thead>
<tr>
<th>Participant pseudonym</th>
<th>Gender</th>
<th>Marital status</th>
<th>Age group</th>
<th>Number of adults in household</th>
<th>Number of children in household</th>
<th>Years in United States</th>
<th>Years at apartment complex</th>
<th>Source of income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mai Lia</td>
<td>F</td>
<td>M</td>
<td>70-79</td>
<td>4</td>
<td>0</td>
<td>21</td>
<td>7</td>
<td>SSI</td>
</tr>
<tr>
<td>Mai See</td>
<td>F</td>
<td>W</td>
<td>60-69</td>
<td>1</td>
<td>0</td>
<td>11</td>
<td>11</td>
<td>SSI</td>
</tr>
<tr>
<td>Mai Xia</td>
<td>F</td>
<td>W</td>
<td>50-59</td>
<td>1</td>
<td>0</td>
<td>40</td>
<td>10</td>
<td>SSI</td>
</tr>
<tr>
<td>Mai Yaj</td>
<td>F</td>
<td>M</td>
<td>60-69</td>
<td>2</td>
<td>0</td>
<td>21</td>
<td>15</td>
<td>SSI</td>
</tr>
<tr>
<td>Mai Yia</td>
<td>F</td>
<td>M</td>
<td>50-59</td>
<td>2</td>
<td>0</td>
<td>35</td>
<td>7</td>
<td>SSI</td>
</tr>
<tr>
<td>Tou Ha</td>
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<td>W</td>
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<td>0</td>
<td>21</td>
<td>8</td>
<td>SSA</td>
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<tr>
<td>Tou Leng</td>
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<td>70-79</td>
<td>4</td>
<td>0</td>
<td>21</td>
<td>7</td>
<td>SSI</td>
</tr>
<tr>
<td>Tou Vu</td>
<td>M</td>
<td>M</td>
<td>50-59</td>
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<td>1</td>
<td>29</td>
<td>8</td>
<td>SSA</td>
</tr>
<tr>
<td>Tou Zong</td>
<td>M</td>
<td>M</td>
<td>50-59</td>
<td>2</td>
<td>0</td>
<td>35</td>
<td>7</td>
<td>SSI</td>
</tr>
</tbody>
</table>

*Note.* Table acronyms are gender (M = male or F = female), marital status (M = married or W = widow or widower), and income (SSI = Supplemental Security Income or SSA = Social Security Administration).

The table above shows the total number of participants was nine; four male and five female with ages ranging from 50-79 years old. The average household size was two persons.
The average years each participant had lived in the United States was 26 years, and the average years they had lived at the Garden apartment complex was just under 9. At the time of the study, all participants received some source of governmental financial assistance as their primary source of income. Six of the nine participants agreed to disclose their monthly income. Of these six, the average monthly household cash income was $816.67, which equates to an individual annual income of less than $10,000. The annual income of all participants fell well below the U.S. Census Bureau’s federal poverty levels for 2021 of $12,880 for one person and $17,420 for two persons (U.S. Department of Health & Human Services, 2021). All participants self-identified as Hmong refugees from the country of Laos. Seven of the nine participants receive Supplemental Security Income (SSI) for physical or mental health disabilities. Two participants are retired and receive Social Security Administration (SSA) benefits. I provide a short introduction of each study participant in the following sections.

Mai Lia is a 72-year-old, married, Hmong refugee mother of three adult children. She arrived in the United States in the year 2000 and has lived at the Garden apartments since 2004. Mai Lia is currently unemployed and receives SSI as her primary source of income. Mai Lia does not drive due to her physical and mental health and relies heavily on her children to access food on her behalf. Although Mai Lia’s health hinders her physical abilities, she still helps her neighbors to cultivate a garden filled with mustard greens, mints, green onions, and a wide variety of traditional herbal medicine known culturally as Hmong green medicine. The role of green medicine in the Hmong culture will be discussed later in this chapter as an unexpected finding.

Mai See is a 67-year-old, widowed, Hmong refugee mother of five adult sons and five daughters who live in her home country of Laos. Mai See immigrated to the United States in
2010 and was resettled in the Garden apartments upon arrival. Mai See lives alone and does not drive due to severe anxiety disorder. Mai See explained her anxiety:

I get afraid when there are a lot of cars. If another car approaches me, it appears that they are going to hit me. The road appears so narrow; like you are going to hit them. I get so scared. This is why I don’t drive.

With limited transportation and family support, she relies heavily on her organic garden for food access and convenience. Mai See receives SSI and food assistance from the government. Mai See supports her 10 children in Laos by selling custom jewelry and handmade arts and crafts from her home.

Mai Xia is a 58-year-old, widowed, Hmong refugee mother of one daughter. Mai Xia has lived in the United States for 40 years and moved to the Garden apartments in 2011 after the loss of her late husband. Mai Xia lives alone and relies on her adult daughter for transportation because she is unable to drive due to mental and physical health issues. Mai Xia explained her mental and physical health issues developed after the loss of her husband. With her minimum SSI income, she relies on her garden and daughter for food access.

Mai Yia is a married Hmong female refugee in her late 50s. She immigrated to the United States in 1989 and has lived at the Garden apartments since 2014. She is unable to drive or walk due to medical issues but has her husband to provide support. Mai Yia said, “My husband helps with my care; he makes rice porridge for me.” Mai Yia has no children. She said, “after the car accident, [she] feel ill from Shamanism and [has] not been able to conceive any child.” Shamanism is a common religious practice of ancestor worship to provide healing in the Hmong culture (Helsel, 2019; Xiong et al., 2016).

Mai Yaj is a vibrant and energetic 66-year-old, married, Hmong refugee woman with nine adult children. Mai Yaj proclaims herself as a mother of green Hmong medicine, one who
has mastery knowledge of herbal medicine. She is also a Shaman, a religious spiritual healer.

Mai Yaj has lived at the Garden apartment since 1993 and enjoys sharing her herbal medicine knowledge with her neighbors and the greater Hmong community through her YouTube channel. Mai Yaj said, “My plants help me to help people in my communities near and far. It really helps to cure. My medicine is very important to me. As I tell my children, my plants are my silver and gold.”

Tou Ha is a soft-spoken, retired widower with ten adult children from his first marriage. He lives alone at the Garden apartment complex but keeps busy tending to his late wife’s garden. His second wife passed away from lung cancer. Tou Ha said:

I have lived in this city for 40 years. At this apartment complex the last 8 years . . . My love passed away here. I figure, I’ll just stay here until I find a new partner to extend my life.

Tou Ha can drive and is physically healthy. He is a Shaman, a religious spiritual healer and often extends his spiritual services to help his neighbors.

Tou Leng is a 74-year-old, Hmong refugee male who has not been able to drive or work since arriving in the United States in the year 2000. He said, “I have back pains, years of military combat and medical issues. I have not been able to work since we arrived.” Tou Leng lives with his wife, a brother, and an adult son in a small, two-bedroom apartment. Tou Leng does not read or write English and relies solely on his son and his garden for food access. He is often forgetful but tries to remain positive despite many personal challenges and hardships.

Tou Vu is a 55-year-old retiree with a 4-year-old son from his second marriage. He has been in the United States since 1992 and has lived at the Garden apartment complex for the last 8 years. Tou Vue is able to drive but has a physical disability with his right arm. Tou Vue plants peppers, green onions, mints, ginger grass, and herbs in his well-kept garden. In response to a
neighbor chastising him for gardening, he shares, “the neighbors say to me, this is a woman’s job. I say no, this is not only a woman’s job, this is for everyone. The men may see the gardens and do nothing with it but not me. I really enjoy gardening.”

Tou Zong is a talkative, friendly, and kind 50-year-old male Hmong refugee who immigrated to the United States in 1989. Tou Zong has lived at the Garden apartment complex since 2015. Due to severe seizures, Tou Zong is unable to drive. He depends on his wife for transportation. Tou is very proud of his garden and spends hours tending to it. His four garden plots are lush green, filled with mustard greens, cilantros, green onions, snap peas, herbs, fruit trees, and colorful flowers that zig zag throughout the gardens. Tou Zong shared, “You don’t have anywhere to go so your garden is all you have.”

**Data**

Data collection for this qualitative research project was conducted over the telephone due to the COVID-19 global pandemic social distancing guidelines and restrictions related to gatherings of non-household members. Research participant solicitation began with a research recruitment flyer (see Appendix A). I passed out 50 flyers to apartment dwellers, but only one person called to inquire about the research. The participant who responded to the flyer was Tou Zong. With the assistance of Tou Zong, three additional research participants were then recruited through the snowball sampling process. Snowball is a form of network sampling where the researcher leverages participants to refer other qualified candidates in the community to participate in the study (Merriam & Tisdell, 2015). I repeated the process with subsequent participants until nine participants were interviewed over the course of a week. Due to the low response rate to the research flyer and difficulty of recruiting participants without a personal referral from someone the participant knew and trusted, I incorporated the prescreening form (see Appendix B) to evaluate participant qualifications for the project with phone-based
Phone interviews were planned for 1-hour using an interview protocol (see Appendix D). The interviews ranged from 17 minutes to 1 hour and 7 minutes with four interviews lasting less than 20 minutes. The short duration of the telephone interviews may be due to the lack of interpersonal and cultural connection between the participant, translator, and researcher. I discuss this in Chapter 5 in relation to areas for further study. I recorded individual interviews with each participant’s verbal and signed consent to participate in research. Signed consents were collected by the Hmong language translator.

**Description of Data Analysis**

I used thematic analysis (Braun & Clarke, 2006, 2012) to analyze and code data. Thematic analysis is a coding method that goes beyond the exercise of identifying themes and brings in the researcher’s deep thinking, understanding, and interpretation of data. Braun and Clarke (2006) asserted the researcher must actively engage in analyzing and identifying the themes to make meaning of the data through critical thought and analysis to give voice to participants’ stories and lived experiences. Braun and Clarke outlined 6 phases of TA:

1. Familiarize yourself with the data,
2. Generate initial codes,
3. Search for themes,
4. Review themes,
5. Define and name themes, and
6. Produce the report.

I analyzed data collected from interviews using the five TA phases to produce the report with the major themes and subthemes. The thematic analysis started with Step 1, a comprehensive review of the data by listening to the audio recordings multiple times during
transcription to text, followed by a second review to verify the transcription against the audio recordings. A third listening of the audio recordings was then conducted right before proceeding to Step 2 to ensure familiarity with the data. In Steps 2-5 of TA, I coded each participant’s responses to the interview questions, resulting in 81 initial codes. The process was then repeated to group similar codes together by theme, yielding 40 codes. Forty codes were then grouped into 13 initial subthemes. Several codes, such as poverty, food access, and physical and mental health, overlapped multiple subthemes. I then refined and organized the 13 subthemes into four central themes that encapsulate the participants’ perceptions of how food access impacts their social, mental, and physical health. I discuss major themes and subthemes in the next section.

**Major Themes and Findings**

**Major Themes**

The major themes and findings in this section will be presented using individual quotes because it is important to tell the stories of each participant through their individual lens to highlight their similarities and differences. I identified four central themes that summarized the individual stories of each participant’s perception of how food access impacts their social, mental, and physical health. The four themes are:

1. Postmigration traumas create hardships among Hmong refugees,
2. Poverty and physical and mental health disabilities impact food access,
3. Food cultivation is deeply rooted in the Hmong culture, and
4. Gardens build social communities and give hope.

The four major themes are supported by 13 subthemes that help to tell the participants’ stories of personal postmigration challenges, food insecurity, and how community gardens may give them hope through cultural connections. The 13 subthemes are (1) lack of education, (2) language
barriers, (3) unemployment, (4) economic hardship, (5) severe poverty, (6) transportation impacts food access, (7) physical and mental health disabilities, (8) family builds resiliency, (9) generational food cultivation, (10) Hmong herbal medicine, (11) garden brings joy, (12) gardening creates social connections, and (13) sense of purpose. To describe how the subthemes connect and support the four major themes, I provide Figure 1 as a visual of the thematic mapping relations between the codes, subthemes, and major themes.

Figure 1. Thematic map of four major themes, 13 subthemes, and 40 codes from thematic analysis.

**Theme #1: Postmigration Traumas Create Hardships Among Hmong Refugees**

The first major theme, postmigration traumas create hardships among Hmong refugees, connects with the literature review in Chapter 2 on postmigration traumas and resettlement challenges. As described in Chapter 2, postmigration traumas are defined as stressors associated with resettlement in a new country. Stressors may include adjusting to a new culture, finding...
housing, establishing employment, financial hardship, discrimination, learning a new language, and the feeling of identity loss of their homeland (Bemak & Chung, 2017; Goodman et al., 2017). From the data collected, eight of the nine participants expressed personal challenges and hardship since resettling in the United States. Two participants broke into tears while sharing personal postmigration challenges. Mai Lai shared a conversation that she had with her doctor on her postmigration stressors. Her voice cracked, and she began to cry:

When you go to the doctor, they ask “since arriving in the U.S. do you have sunshine in your life?” Oh, others arrive with lots of opportunities, I arrived in a dark place, only dark clouds. Whenever I talk about it, I just cry.

Postmigration stressors echoed across eight of the nine study participants’ narratives. Participant Mai Xia mentioned her stress started after the death of her husband, who was the primary wage earner, “when I arrived, I had no worries but once my husband got sick, I had lots of worries. He died, leaving me with no money to eat, leading me to lose my mind.” A loss of a spouse or a medical issue may create stressors and postmigration hardship for refugees who are unable to speak or write the English language. Literacy impacts a refugee’s ability to drive, gain employment, and be economically self-sufficient. When a primary wage earner passes away, uneducated refugees find it difficult to gain employment, which impacts their ability to access healthy food and leads to high levels of stress and medical related health issues.

Participant Mai Yia cried when she shared her personal struggles with a medical issue, which left her unable to walk and see, “O yo, I have so many worries. I cried so much that I lost my eyesight. Great hardships.”

Participant Tou Leng described his stressors as:

Oh, we just don’t talk about it. Us Hmong, a lot of us are very, very poor. Many hardships and worries. I am not a person with money or one with a job. When you talk about the ways of poverty and worries, we just don’t talk about it but there are many personal challenges. It is never enough. We just exist, as long as we don’t die.
Postmigration stressors may be lessened with help from family. Participant Tou Ha shared, “When you arrive early and the kids are still young, you struggle but as the children grow, they may help you so it makes living in the U.S. easier.” Six of the nine participants shared their experiences with secondary migration to reunite with family in the United States. Participant Mai Yia said, “We moved from Santa Ana here to reunite with relatives. We had no relatives in Santa Ana.” Mai Lia mentioned she moved from one city in the Central Valley to another city in the Central Valley to be closer to her daughter “so that she can take care of us.” Mai Yaj did not express postmigration stressors. Her mastery of Hmong green medicine enabled her to earn extra income in addition to the financial support she received from her 10 adult children.

**Theme #2: Poverty and Physical and Mental Health Disabilities Impact Food Access**

Mai Yaj’s financial resources were an exception among refugee participants. Participants with physical and mental health disabilities experienced a higher level of poverty, which impacted their ability to access food. Participant Tou Leng said, “The most important thing is money. If you have money, you can eat. When you have no money, you cannot eat.” Tou Zong shared “having a fixed income presents challenges. After you pay rent, there is not much left to buy food.” Tou Zong further emphasized “purchasing vegetables can be expensive. A small bundle is $2-$3.” Tou Leng shared a similar sentiment:

> If you buy from the stores, you spend a dollar but sometimes you cannot eat it all and it goes to waste. When you have a few vegetable plants in your backyard, you can pick when you need, you get a little at a time, just what you need.

Mai Yia also said:

> The vegetable garden is very helpful. Saves you money and helps you. Without transportation, when you have vegetables in your garden, whatever you want to eat, you just pick from your garden.
Physical or mental health disabilities also impact transportation to access food. Several participants expressed having to wait on others for transportation. Mai See, who does not drive due to severe anxiety issues, said that “without transportation, you wait on them [boyfriend]. They don’t live with you. They live in their own house.” Mai Yia sadly shared, “if someone can help me see and walk again, that would help me be able to access more food.”

Participants with adult children or who were able to drive said food access was not an issue. Mai Lia said “accessing food is not that difficult because it is really the children that prepare the food. If you need to go find food, the children go out to buy and find the food.” Mai Yaj also said accessing food was not a challenge, “both my husband and I are able to drive, and we have our children to help us.” To address food access issues, food cultivation may provide convenience and contribute fresh vegetables to help refugees access food and save money on food expenses.

**Theme #3: Food Cultivation Is Deeply Rooted in the Hmong Culture**

The third major theme reflects how food cultivation is deeply rooted in the Hmong culture. All nine Hmong refugee participants cultivated food and herbal plants native to their home country of Laos. Furthermore, all cited growing herbs in their gardens for traditional chicken broth soup as a reason for why they keep a garden. Herbal plants grown in home gardens may not be available at a local grocery store, but they are quintessential to the daily diets of Hmong refugees. Herbs are an important part of traditional healing in the Hmong culture. The seeds themselves were typically brought over from Laos in the pockets of refugees traveling from Laos to refugee camps in Thailand and then to final destinations in the United States. Mai Yaj disclosed that “[she] brought the seeds from Laos. The roots come from Laos in a clear plastic bag without any dirt. [She] disclosed them at customs. [She told] them the plants are
flowers for [her] own personal enjoyment.” In a study of transnational movement of herbal medicine, Bochaton (2019) indicated the United States was the main destination of medicine exports, based on Lao Post Office records from 2010–2011.

Hmong herbs are highly regarded and deeply embedded in the Hmong culture with knowledge of herbal use passed down from one generation to the next. Tou Zong said, “In the old country, the elderly planted herbs and since they [the apartment complex] allow us to plant, we plant. We use the vegetables to eat and the herbs for chicken soup.” Tou Vu mentioned his late mother taught him about herbs for chicken soup, “the herbs I plant are mostly for chicken herbal soup . . . for chicken soup flavoring.” Tou Vu went on to explain the significance of chicken herbal soup in the Hmong culture, “Chicken herbal soup is extremely important for a woman after childbirth to generate milk production and replenish the health of the mother.” Tou Ha also touched on cultivating herbs for chicken soup, “The herbs are very good for the body. The herbs detox the body after childbirth and make your blood strong. We plant the chicken herbs.” Tou Ha added, in Hmong culture, “chicken herbal soup and white rice are the main diet (for 30 days) after childbirth.” Mai See further supported the theme of food cultivation as deeply rooted in the Hmong culture. When Mai See was asked if there was anything else she would like to share, she responded:

If you find land, or if you don’t have access to land but just buckets, plant our Hmong herbs to help yourself. The herbs are for chicken soup but they are also used to cure stomach aches, common colds, and strains; all good for you.

Tou Zong also articulated the importance of food cultivation in the Hmong culture by sharing the following story about when he was asked about the use of his gardens:

The Americans come to look at our gardens and ask, “are these gardens for your use?” I responded, if you want us to move our herbs and do not let us grow our Hmong herbs and vegetables, we would not live in this apartment complex.
Stories told by participants paint a clear picture of how food cultivation is deeply rooted and intertwined in the Hmong culture. This connection between food cultivation and culture shows how cultivating food gives Hmong refugees a sense of continuity that bridges their former lives with their current lives, thus grounding them in their new host country.

**Theme #4: Gardens Build Social Communities and Give Hope**

Social benefits of community gardens appeared across narrative stories told by all nine participants. Not only did participants convey that the gardens gave them purpose and something to do, but the gardens also provided a place to meet their neighbors and to gather and talk. In many stories, participants voiced the garden brought them joy and saved them money. When asked “What does the garden do for your community?” the responses reflected their particular experiences and a common sense of purpose. Each participant’s response to this question is shared to allow their voices to tell their stories.

Mai Yia said, “I slowly take my walker out to see my garden daily. I sit outside for a little while. I look over my garden and it makes me happy. We plant, we watch over each other.”

Mai Lia explained:

The garden gives us pleasure. You cultivate a little, I cultivate a little. Everyone has their own little garden. The garden is beneficial because most of us that live here do not drive, so the garden helps us. You eat yours; I eat mine so that we have our own. Everyone has their own, so we live peacefully.

Mai See said, “It [the garden] can help you. Truly organic for you to consume. I share my vegetables with my neighbors. If there is something I do not have, they share their vegetables with me too.” Mai Xia shared, “There is happiness in gardening. The garden alleviates my stress.”

Mai Yaj explained, “The fertility medicine has enabled me to help my community and earn a living. I send my medicine across the U.S. to help our Hmong community.” Tou Ha said,
“Everyone helps each other. We come out and get to see each other.” Tou Leng disclosed, “for us people that live in poverty, the gardens are very important . . . When you have a garden, you pick just what you need. The garden helps you.”

Tou Vu said:

You enjoy the garden because there is not much else to do. If you buy 4-5 lemongrass stalks from the store, it will cost you $2. I plant one or two plants; it grows big and I get a bunch of lemongrasses with leftovers to store in the freezer. Plus, you get to eat fresh. This is a benefit.

Tou Zong shared:

There is a sense of community. It is not a large place for people to gather and there are just a few of us. Sometimes when we are feeling well, we all come outside. We come together, it gives us an opportunity to gather and talk with each other.

Personal stories shared by participants portray how gardens may create opportunities for refugees to socialize, share herbs and vegetables, and give participants a sense of purpose. The gardens build social communities and give hope to refugees.

Findings Related to the Research Questions

Findings from the study provided answers to the three research questions by uncovering Southeast Asian refugees’ perceptions of the way food access impacts them and what resources are needed to increase access to healthy, affordable, and culturally congruent food. Following are findings related to the three research questions.

Question 1: What Are the Perceptions Southeast Asian Refugees Have on How Food Access Impacts Them?

Participant perceptions of the impact of food access centered around three main themes. First, participants expressed physical health disabilities impacted their ability to access food. Seven participants mentioned having some form of physical health issue or disability. Mai Yia shared, “When you are ill and have no transportation, you cannot access the food you want to
eat. You have to wait for others and by the time they arrive, the craving or need has passed.”

Mai Xia expressed similar thoughts, “To get food, I have to wait for my daughter to take me to the store. I do not have strength. Now that I am old. I do not have the strength to carry heavy things.” Mai Lia also perceived health issues as a factor that impacts food access, “Now that you are old, you cannot eat anything . . . I have lots of illnesses so I really cannot eat much.”

Physical health disabilities were also cited as reasons why participants are unable to cultivate their own gardens to improve food access.

Mai Lia said:

I cannot really garden much anymore because I am old. When we first arrived, we asked the apartment complex manager for a plot of land. The manager said, “we can garden along the perimeters of the apartment complex wall if you want.” We decided to forget about it because you have to drag a hose from quite a distance to water the garden.

Secondly, participants perceived cultivating their own food as being good for them and a convenient way to access fresh vegetables. All nine participants stated their gardens provided a way to easily access herbs and vegetables for daily meals. Tou Zong pointed out that we garden on our front porch so that we don’t have to go to the store. We get to pick fresh vegetables daily . . . I wake up, pick a few leaves to prepare my meal. In the evening, you pick fresh again for your next meal.

Tou Vu also mentioned fresh vegetables as a benefit of cultivating food, “I plant one or two plants (lemon grass). It grows big and I get a bunch of lemongrasses with leftovers to store in the freezer. Plus, you get to eat fresh. This is a benefit.”

Furthermore, several participants mentioned sustainable gardening practices by fertilizing their gardens with the weekly grass clippings at the apartment complex. Tou Zong said, “We use grass as fertilizer.” Tou Vu expanded further by saying, “We use the grass clippings as fertilizers. It is all natural. It is very good and healthy. When you purchase from the store, they use a lot of pesticides and fertilizers that are not good for you.” Mai See also mentioned, “You
plant the vegetables here because they have no pesticides or fertilizer. They cut the grass, you put the grass in the garden as fertilizer. The vegetables are good for you. Good for your body.”

Lastly, the third theme of how food access impacted the participants was the perception of being highly conscientious about food waste. Participants perceived that allowing store bought vegetables to go bad was a waste of money. Tou Leng said:

If you buy from the store, you spend a dollar but sometimes you cannot eat it all and it goes to waste. When you have a few vegetable plants in your backyard, you can pick what you need. You get a little at a time. Just what you need.

Tou Zong echoed similar thoughts, “Purchasing vegetables can be expensive. A small bundle costs $2-$3.” Participants’ experiences show that when a person lives on a limited income far below the U.S. Census Bureau’s federal poverty levels, every dollar matters. There is no room for spending more money than necessary for essential items such as food.

**Question 2: What Are the Resources Needed to Increase Access to Healthy, Affordable, and Culturally Congruent Food for This Population of Southeast Asian Refugees?**

Resources needed to increase food access include financial assistance and transportation. Poverty adds a layer of stress when it comes to accessing food for the family because it affects personal transportation, discretionary income, and proximity to grocery stores. At the time of the study, all participants received some form of government financial assistance with an average monthly household cash income of $816.67. Eight study participants shared having a fixed income presented challenges with accessing food. After household expenses of rent and utilities are paid, there is very little money left to purchase food.

In addition to financial assistance, transportation was cited as a resource needed to increase access to healthy, affordable, and culturally congruent foods for this population of Southeast Asian refugees. As previously mentioned, participants described they have to wait on
others to take them to the store to buy food because they are unable to drive due to physical or mental health issues. Transportation limits their ability to access the food they want to eat, leaving some participants to go without certain dietary needs, such as fresh fruits and vegetables.

**Question 3: In What Ways, if Any, Might Community Gardens Meet the Gaps in Food Access?**

When participants were asked, if a no-fee community garden was available within walking distance, would they be interested in participating? Tou Vu enthusiastically responded, “Oh yes, I would like to plant [participate]. Our allocated garden plots here at the apartment complex are small and not enough. If there was assistance, I really would like a half-acre.” Tou Zong also mentioned that “if there is an opportunity to have a larger garden lot, [he] would like to have it.” Tou Leng said “for us elderly, we need something close to here. Otherwise, even if they give it to us, we cannot do it. No car. The garden has to be close to be helpful. Something within walking distance for us.” Not all participants said they would be interested in participating in a community garden. Tou Ha said, “If it is just me, my gardens here are enough.”

More importantly, the findings provide ways that community gardens may meet the gap in food access and build social interactions. The gardens provide convenient access to fresh organic produce, supplement household food budgets, and provide participants a sense of purpose and opportunity to build relationships with their neighbors. Tou Zong shared, “If you have children, you take care of them and the day passes but since I do not, I wake up daily, take care of the garden and before I know it, it is dark.”
Findings Related to the Theoretical Framework Resilience Theory

I used resilience theory as the theoretical framework to guide this study. Resilience theory “focuses attention on positive contextual, social, and individual variables . . . These positive contextual, social, and individual variables . . . operate in opposition to risk factors” (Zimmerman, 2013, p. 381). Furthermore, resilience theory describes the capacity to overcome personal hardship through self-determination and support from others (Bolton et al., 2017; Greene et al., 2004; Hendrick & Young, 2013). Resilience theory assists researchers and practitioners in understanding pre- and post-traumatic stress in refugees and how resettlement practitioners may help individuals overcome traumatic experiences. A “resiliency paradigm orients researchers and practitioner to positive factors . . . that become the focus of change strategies designed to enhance strengths” (Zimmerman, 2013, p. 381). In this study, I use resilience theory to focus on ways that individual attitudes and social support structures can promote resilience in individuals (Greene et al., 2004). Resilience theory provides a framework that illustrates how refugees may overcome horrific experiences of torture, sexual violence, starvation, extreme hardship, and other war atrocities. Resilience theory connects the refugees’ journey from migration after the end of the Vietnam War to the social, mental, and physical health problems they face today. Resilience theory allows for deep inquiry into individual experiences to understand the root cause of trauma and how the human capacity may be leveraged to overcome personal hardship (Greene et al., 2004).

For participants in this study, the theoretical framework of resilience theory provides a means for an in-depth analysis of individual participant narratives and illustrates how community gardens may provide social support structures to promote resilience in participants. Specifically, the resilience theory framework shapes an understanding of how community gardens may help
refugees overcome personal traumatic experiences and cope with daily postmigration traumas. The resilience theory framework takes each participant’s personal stories and brings to light the hardships and stress experienced by refugees and then outlines how community gardens may build individual resilience to overcome those personal hardships.

One example is how participants were able to overcome postmigration stressors of poverty and food insecurity by cultivating their own food with the limited ground space in their apartment complex. Using small patches of dirt around their front porches and limited pieces of land along the perimeter of the apartment complex parking lots, participants transformed arid land into beautiful and lush green gardens to feed their families and preserve their culture of herbal healing. Cultivating food allowed participants to supplement their limited food budget, increase access to fresh vegetables and herbs, and build their resilience capacity to manage stressors associated with poverty and food insecurities.

Additionally, resilience theory illustrates ways that gardens build social communities and give hope to refugees. Participants shared the gardens gave them purpose and something to do while also providing a place to meet their neighbors and to gather and talk with each other. All nine participants displayed some form of self-determination and mental strength to overcome personal hardship with support from their neighbors and family. Tou Ha shared, “Everyone helps each other. We come out and get to see each other.” To overcome food insecurity, they share their vegetables with each other. As Mai See noted, “I share my vegetables with my neighbors. If there is something I do not have, they share their vegetables with me too.” For these participants, leveraging positive resilience factors either through their own human capacity or with the social support structures of friends, families, and or neighbors allowed participants to overcome postmigration stressors.
Lastly, the resilience theory framework provides an explanation of the coping mechanism participants used to cope with loneliness. Mai See, Mai Xia, and Tou Ha shared they lived alone after losing a spouse. In a sad voice, Tou Ha shared, “My wife passed away from cancer . . . She left me. The garden belonged to my wife. I take care of it now.” To cope with loneliness, participants gather daily to cultivate their garden and talk. Tou Zong commented, “Sometimes when we are feeling well, we all come outside. We come together, it gives us an opportunity to gather and talk with each other.” Mai Yia declared, “I look over my garden and it makes me happy. We plant, we watch over each other.” Resilience theory framework allows for an in-depth analysis of individual participant narratives of loss and explains how community gardens may provide social support structures to promote resilience in participants.

**Unexpected Findings**

Two unexpected findings were the strong cultural belief in natural healing using herbal medicine known as “tshuaj ntsuab Hmoob” or Hmong green medicine and the prevalent cultivation of Hmong herbal medicine plants in the gardens.

My finding of the strong cultural belief in natural healing using herbal medicine was unexpected because Hmong refugees living in the United States have access to the best medicine and medical technology in the world, yet the knowledge of Hmong herbal medicine continues to be highly regarded and used in the Hmong community, particularly among refugees. Findings from this study suggest there is a strong belief in natural healing embedded in the Hmong culture, and it is passed down from one generation to the next. Two participants cited they learned about medicinal plant uses from an elder through oral stories. Four participants recalled learning about herbal medicine from a parent. Mai Lia shared, “My mother was very knowledgeable about herbal medicine. She would take me out for hours to teach me about the green medicine along the hike.” Tou Vu also shared, “My mother was a mother of medicine.
She taught me to plant them. She knows all the herbs.” Mai Yaj, a master green herbalist, extended her knowledge of herbal medicine by encouraging others to learn about herbal medicinal use. Mai Yaj said, “Learn your Hmong green medicine. It is very important to learn while I am still able to share the knowledge.” Mai Lia said, “Us Hmong, we have a history of using green medicine. The medicine you know, you plant for use. Sometimes, we use American medicine. Other times, we used our green medicine. Us Hmong people, we need our green medicine.”

My second unexpected finding is the prevalent cultivation of Hmong herbal medicine plants in the gardens. This was an unexpected finding because the cultivation of herbal medicine contradicts the typical assumptions of why people garden. In Chapter 2, I uncovered a list of social, physical, mental health, and community benefits associated with community gardens, such as increased consumption of fruits and vegetables, increased physical activities, building of social communities, and increased food access; however, I did not find increasing access to herbal medicine as a community garden benefit. All participants stated they cultivated Hmong herbal medicine plants in their gardens and mentioned herbal medicine plants were very important to them. Participants cited cultivating herbal medicine plants to reduce fevers; cure colds; and treat stomach pain, digestive issues, skin rashes, and fertility issues. Mai Yia pointed out that “we plant these green herbal medicines because they are very important. If you get the flu, a cough or a minor ailment, your green medicine can greatly help you.” Tou Zong declared “the American medicine decreases pain but they are not good for you. The Hmong medicine takes longer to heal but they are not bad for you.” Mai Yaj expressed similar beliefs in natural healing through the use of herbal medicine by saying “my plants are cultivated from my own hands. This is how I know that my plants can really cure someone. I have been able to help
individuals stand again with my green medicine.” Prevalence of herbal medicine usage also appeared in a cross-sectional study by Lor et al. (2016) on frequency of use of herbal medicine. Among 118 Hmong Americans study participants, Lor et al. found 77 (65.3%) used herbal medicines, and most believed in the natural healing benefits.

In Chapter 5, I discuss unexpected findings of the strong cultural belief in natural healing and the prevalent cultivation of Hmong herbal medicine plants in the gardens as areas for further studies.

**Chapter Summary**

In this chapter, I introduced nine Hmong refugee participants through their personal narratives. Four major themes captured their lived experiences and personal struggles as refugees living in low-income housing. The first theme, postmigration traumas create hardships among Hmong refugees, connects the data with the literature review in Chapter 2 on postmigration traumas and resettlement challenges. The second theme, poverty and physical and mental health disabilities impact food access, illustrates how participants with physical and mental health disabilities experience a higher level of poverty, which impacts their ability to access food. The third theme explains how food cultivation is deeply rooted in the Hmong culture. Cultivating food is a part of participants’ identities and a rich part of their migration history from their homeland to the United States. The fourth theme, gardens build social communities and give hope, speaks to the resilience of Hmong refugees. Their lived experiences are paved with so many hardships and challenges, yet they somehow manage to find joy in gardening and connect with their neighbors through food cultivation. The theoretical framework of resilience theory guided the analysis of the individual participant’s narratives. The resilience theory framework brought to light the hardship and stress experienced by refugees and then
outlined how community gardens may build individual resilience to overcome those personal hardships through social support structures made through neighbors and family. Two unexpected findings from the study are the strong cultural belief in natural healing through the use of herbal medicine known as “tshuaj ntsuab Hmoob” or Hmong green medicine and the prevalent cultivation of Hmong herbal medicine plants in the gardens. These are areas for further research, which I discuss in the next chapter.
CHAPTER 5: DISCUSSION

The purpose of this qualitative research study was to gain a deep understanding of how lack of access to affordable healthy food may be impacting Southeast Asian refugees’ social, mental, and physical health. This chapter includes an overview of the theoretical framework, methodology, research questions, discussion of the findings, areas for further studies, implications for practitioners, and implications for social change. This study addressed a gap in research by exploring the unique lived experiences of nine Southeast Asian refugees in the United States who are coping with social, economic, food insecurity, and health challenges since repatriation. Understanding Southeast Asian refugees’ lived experiences and their perceptions of how lack of access to affordable healthy food impacts their social, mental, and physical health provides insights into their individual needs while also illustrating their strength and determination. This exploration serves as a preplanning needs assessment for the development of my non-profit organization called the Garden of Hope. Data from the research will guide the development of community garden social programs, which may empower individuals and improve health outcomes of refugees living in poverty.

Overview of the Theoretical Framework, Methodology, and Research Questions

The theoretical framework that guided this study was resilience theory. I used Merriam and Tisdell’s (2015) basic qualitative research as my research method design. My primary goal of this basic qualitative research was to understand how the participant interprets, constructs, and perceives their individual experience or phenomenon (Merriam & Tisdell, 2015). Using basic qualitative research design allowed for an in-depth exploration to answer the following research questions:
1. What are the perceptions Southeast Asian refugees have on how food access impacts them?

2. What are the resources needed to increase access to healthy, affordable, and culturally congruent food for this population of Southeast Asian refugees?

3. In what ways, if any, might community gardens meet the gaps in food access?

**Discussion of Findings**

The narrative accounts of nine Southeast Asian participants yielded four major themes from three research questions. The four themes are (1) postmigration traumas create hardships among Hmong refugees, (2) Poverty, physical, and mental health disabilities impact food access, (3) Food cultivation is deeply rooted in the Hmong culture, and (4) gardens build social communities and give hope. These four themes reflect the personal lived experiences of participants’ perceptions on how food access impacts them, resources that are needed to increase food access, and how community gardens may meet gaps in food access. Participants articulated how important their gardens were to them. The gardens played a vital role in the social, economic, mental, and physical wellbeing of these refugees. Fruits, vegetables, and herbal plants alleviated their physical ailments, created social environments to improve their mental wellbeing, gave them a sense of purpose, and created economic opportunities while supplementing their monthly food budget expenses.

**Theme 1: Postmigration Traumas Create Hardships Among Hmong Refugees**

Research Question 1 was “What are the perceptions Southeast Asian refugees have on how food access impacts them?” I designed this question to understand the hardships and challenges through the individual lens of study participants as it relates to accessing food. Responding to Research Question 1, eight of nine Hmong refugee participants expressed personal challenges and hardships since resettling in the United States. Postmigration hardships
include poverty, high unemployment, lack of education and literacy, physical health issues, and mental health disabilities. Participants’ lived experiences as refugees puts them at a higher level of physical and psychological distress. Although postmigration stressors echoed across eight of nine study participants’ narratives, the levels of psychological impact and ways in which they cope with the challenges are unique. Their experiences are not equal in severity nor are the psychological impacts equal. For example, participants Mai Lai, Mai See, Mai Xia, Mai Yia, Tou Leng, and Tou Zong expressed a high level of psychological impact, while participants Mai Yaj, Tou Ha, and Tou Vu found unique ways of coping with pre and postmigration traumas with the help of family. The finding from the study that postmigration traumas created hardships among Hmong refugees supports the existing research literature discussed in Chapter 2. Specifically, Bemak and Chung (2017) noted each refugee has their own personal lived experience, including different levels of psychological impact and unique ways of coping with pre and postmigration trauma. In this study, all nine participants experienced different levels of psychological impact and unique ways of coping to access food.

To assist refugees in coping with postmigration stress and hardships, Kula and Paik (2016) suggested there be a commitment to understanding the barriers and the refugee migration experiences in order to help refugees overcome postmigration challenges. Dubus’ (2018) study of 110 resettlement providers may provide solutions to postmigration challenges. Dubos identified three resettlement goals. The first resettlement goal is to minimize transition burdens by mitigating resettlement stressors. This includes placing refugees in culture-specific refugee communities and providing transportation services and financial support. The second resettlement goal is rapid integration into the host country, specifically learning how to speak the host country’s language and securing employment within the first year of arrival. Lastly, the
third resettlement goal is to build individual and family resiliency. This includes building individual and family capabilities and strengths through resources and support. Building individual and family capabilities may help refugees deal with their perception of despair.

Additionally, education and literacy surfaced in this study as an underlying factor that either promoted or impeded a refugee’s ability to access food. Findings showed participants who can write and read English had past employment experiences and were able to more easily access food without relying on others. This finding is aligned with Potocky-Tripodi’s (2003) study, which found education attainment as the number one predictor of economic adaptation.

Adapting to a new country has its challenges, including language barriers, poverty, unemployment, lack of education, and lack of job skills (Bemak & Chung, 2017; Kula & Paik, 2016; Maffini & Pham, 2016). High unemployment rates and poverty findings from this study point to resettlement needs not only at arrival to the United States but until economic self-sufficiency is achieved. Refugee resettlement programs and services in the 1970s were different than resettlement programs today. The refugee resettlement programs of the 1970s lacked sufficient financial support and coordination between state resettlement agencies and the federal government to effectively resettle tens of thousands of refugees entering the United States annually. To address this issue, the Refugee Act of 1980 was established to standardize federal refugee resettlement services with oversight by the Office of Refugee Resettlement (Refugee Act of 1980, 1980). Today, refugee resettlement services include a comprehensive program to rapidly integrate refugees into the United States that focuses on English learning, job training and placement, ethnic community assistance, financial assistance, mental health services for survivors of torture, and agricultural partnership programs to promote self-sufficiency (Office of Refugee Resettlement, n.d.). Minimizing postmigration challenges and hardships through long-
term resettlement support may profoundly improve the quality of life for participants. Long-term resettlement support may be in the form of continued English learning and job placement beyond initial resettlement until the refugees are economically self-sufficient. Providing long-term resettlement support to refugees living in poverty may improve their economic mobility and ability to access healthy food to improve their social, mental, and physical health outcomes.

**Theme 2: Poverty, Physical, and Mental Health Disabilities Impact Food Access**

Research Question 2 was “What are the resources needed to increase access to healthy, affordable, and culturally congruent food for this population of Southeast Asian refugees?” This question was intended to understand the individual resources needed to improve food access. Study findings showed participants with physical and mental health disabilities experience a higher level of poverty, impacting their ability to access food. Findings from this study are supported by the research literature. Specifically, the Food Research & Action Center (2017) found low-income people are more likely to be food insecure, have shorter life expectancies, and be at a greater risk for physical and mental health issues. Additionally, the California Department of Food and Agriculture (2012) asserted residents living in underserved communities face transportation challenges and are more likely to have limited access to grocery stores that offer a variety of healthy food options. Although food access is a widespread societal issue for improvised communities, findings from this study validate the problem and provide important information about resources needed to increase food access for this population of Southeast Asian refugees.

Findings suggest the resources needed to increase access to healthy, affordable, and culturally congruent food for refugees are increasing economic opportunities, transportation services, and resettling refugees in communities close to families. Eight participants cited a
limited income as a barrier to access food. Improving individual finances would greatly improve food access for participants considering that participants receive limited financial assistance from the government to pay rent, utilities, and other household expenses. One way to improve individual finances is job training and job placement. Improving economic mobility may improve refugees’ ability to access food.

Additionally, improving transportation may increase access to food. All nine participants cited transportation as a factor that influenced their ability to access food. Participants who could drive had no issues with food access. Participants who could not drive relied on family to help them access food. Ways to increase transportation access may include ease of access to public transportation, placing community gardens within walking distance, and resettling refugees near family who can help provide transportation.

Additionally, living near family members may also increase access to food for refugees through community and social support. Participants in this study mentioned sharing their vegetables with other family members and neighbors who are unable to cultivate food themselves due to physical disabilities. This type of social support may be enhanced by living near family members. Although poverty and physical and mental health disabilities have a real impact on food access for refugees, increasing economic opportunities, transportation resources, and resettling refugees in communities close to families may help lesson these food access barriers.

**Theme 3: Food Cultivation Is Deeply Rooted in the Hmong Culture**

Research Question 1 also provided insight into perceptions of how food access is viewed from the participants’ cultural lens. All participants cultivated food and herbal plants native to their home country of Laos. They had a high regard for their herbal plants and stated their herbal
gardens are very important to them. Participants also cited the need to cultivate traditional herbs and vegetables because they cannot be purchased from local supermarkets. Hmong refugees perceive cultivating food as an essential part of their cultural identity. It is their way to preserve their culture and collective belief in herbal medicine healing.

Perhaps this is where the findings in this study differ slightly from the literature review. The divergence is around the construct of community gardens as a form of resistance, empowerment, self-sufficiency, and control over one’s self-healing by White (2011). White (2011) regarded food access as a form of power, control, and empowerment, which is the power to oppose perpetuated inequalities and take back control of food access by cultivating your own food. Although findings from this study showed community gardens empowered individuals, promoted self-sufficiency, and gave refugees control over one’s self-healing, participants did not view community gardens as a form of resistance or power to oppose perpetuated inequalities.

Instead, cultivating food for these participants is a cultural phenomenon that tells their personal story of survival and resiliency from generations past. Participants cited cultivating food as a skill taught to them by their mothers that should be continued as a part of their tradition due to their collective cultural belief in natural healing using herbal medicines. For the Hmong people, food cultivation spans hundreds of years to provide for their families. Although farming practices have changed since leaving the mountains of Laos for the United States, food cultivation in urban settings continues to be a way for Hmong refugees to access traditional produce and herbal medicines for their families. Findings from this study suggest food cultivation is deeply rooted in the rich history and cultural practices of Hmong refugees.
Theme 4: Gardens Build Social Communities and Give Hope

Research Question 3 is “In what ways, if any, might community gardens meet the gaps in food access?” was meant to understand if the study participant saw a need for a community garden. In this context, a community garden was defined as small gardens at the apartment complex. When asked if a no-fee community garden was available within walking distance, most participants overwhelmingly said yes, they would like to participate with some participants asking for larger lots, as much as a half-acre of land. Not all participants said they would be interested in participating in a community garden. Two participants cited health issues as a reason not to participate in a community garden.

More importantly, the participants’ responses to question 3 revealed community gardens provided convenient access to fresh organic produce, supplemented household food budgets, and provided participants the opportunity to build relationships with neighbors. Additionally, findings suggests that community gardens in addition to improving food access, also promoted more physical activities, improved mental health through social interactions, enable self-sufficiency, and created a sense of culture and sense of worth through growing and harvesting one’s own food. Participants conveyed the gardens provided a place to meet neighbors and to gather to talk with each other, and this brought them joy. Findings in this study are in line with the major findings from Chapter 2 on benefits of community gardens. First, Bailey et al. (2020) stated community gardens facilitated greater social engagement between members. Second, this study’s findings align with Hartwig and Mason’s (2016) research study, which asserted there are social, mental, and health benefits from community gardens for refugee participants. Findings from this study suggest a designated community garden with larger plots would provide
additional fresh produce, supplement household food budgets, and contribute to food sharing, which was also meaningful.

**Discussions Related to the Theoretical Framework of Resilience Theory**

The resilience theory framework provided one way to conduct a deep analysis of individual participant narratives and illustrates how community gardens may provide social support structures to promote resilience in participants. Eight of the nine participants expressed personal challenges and hardship since resettling in the United States. Each participant had their own personal lived experience, including different levels of psychological impact, and they each had their unique ways of coping with pre and postmigration trauma. Despite postmigration challenges and hardship experienced by eight of the nine participants, each participant found the mental strength, self-determination, and resilience to make the best of their situation. They found ways to cope with their stress and food access issues through positive factors of support from their neighbors and friends. Findings suggest social support structures and families are critical factors to promoting resilience in Hmong refugees. Social support structures may be in the form of sharing excess vegetables from their gardens with others, taking an elderly or physically disabled neighbor to the local market to buy food, and or simply being available to have a conversation in the gardens to minimize the sense of isolation and loneliness. Despite limited resources available to participants, they have been able to take the limited space around their front porch and dirt along the perimeter of the apartment complex parking lots and transform these spaces into beautiful and lush green gardens to feed their families and preserve their culture of herbal healing. This form of resilience operation to overcome food insecurity exemplifies the framework of resilience theory.
Areas for Further Study

There is an opportunity to further the research by replicating the study in similar communities across the United States with other Southeast Asian refugee ethnic groups. Although this study provided important information about how lack of access to affordable healthy food impacts Hmong refugees, additional opportunities to further the research exist to study the personal lived experiences of other Southeast Asian refugee ethnic groups from the countries of Cambodia, Laos, and Vietnam.

Furthermore, there is an opportunity to add to the research by exploring the Hmong people’s cultural belief in natural healing through use of Hmong herbal medicine and prevalent cultivation of Hmong herbal medicine plants in the gardens. Although some literature on the topic of Hmong herbal medicine exists, there is an opportunity to further study and document the oral stories from refugees for the next generations of Hmong people. If steps are not taken to codify and preserve herbal medicine plants, information may be lost forever with this aging population of refugees.

Implications for Practitioners

There are two implications for practitioners. First, findings from this study illustrate ways resettlement commitments often go unfulfilled. Findings highlight the need for refugee resettlement services beyond the initial arrival to the United States and until economic self-sufficiency is achieved. All participants in this study lived on annual incomes well below the U.S. Census Bureau’s federal poverty levels. The average monthly household cash assistance of less than $850 is not enough to support a healthy lifestyle. For these participants, the United States has not fulfilled its humanitarian obligations to Southeast Asian refugees under the goal of the Refugee Resettlement Act of 1980. The act was intended to promote self-sufficiency and economic independence, but failures in long-term planning and coordination of resettlement
services by the federal government leaves refugees without support needed to successfully assimilate (Brown & Scribner, 2014). Resettlement practitioners should consider extending resettlement services to economically disadvantaged Southeast Asian refugees. Services such as English language education, assistance with securing employment, transportation services, and additional financial support may help struggling refugees achieve economic independence and self-sufficiency.

Secondly, access to fresh, culturally appropriate food, and Hmong green medicine is vital to Hmong refugees’ identity and culture. For professionals developing housing for resettled refugees, one way to provide such access and honor their traditions would be to incorporate green space into resettlement housing arrangements so individuals might cultivate fruits, vegetables, and herbal medicines native to their home countries. These green spaces, such as gardens, may increase food access, facilitate social interactions among residents, foster a sense of community pride, and promote greater health outcomes while supplementing family food budgets. More importantly, green space may allow for Hmong refugees to continue sharing and teaching future generations of young Asian Americans about the rich traditions of natural healing through Hmong herbal medicine plants. Creating green spaces for refugees may also help preserve their rich culture and empower refugee communities to practice their cultural beliefs and traditions.

**Implications for Social Change—The Garden of Hope**

Lack of access to affordable and healthy food is a social problem that may have negative social, mental, and physical health impacts on low income, Southeast Asian refugees. When households cannot afford to purchase healthy food, they may rely on other high caloric cheaper substitutes, which can lead to less healthy diet lifestyles. Food access is a real social problem
that can and should be solved. To address this social problem for Southeast Asian refugees, this study will serve as a preplanning needs assessment for development of my non-profit organization called the Garden of Hope. The mission of the Garden of Hope will be to uplift impoverished communities through microbusiness gardens, which will empower Southeast Asian refugees and promote individual self-sufficiency through entrepreneurship. Data from this research will be used to develop social programs focused on community gardens in low-income housing. The vision of the Garden of Hope is to eliminate poverty through microbusinesses. The goal is to teach refugees how to grow and market their organic fruits and vegetables to local restaurants and or sell them at local community farmers markets. Program services may include educational courses on how to cultivate food, sustainable agri-business practices, and microloans to help refugees kick-start a microbusiness. Program services will empower refugees with knowledge needed to start a business using a skill set, which they may already have and enjoy doing. I imagine a day when all low-income housing in the United States will have green space for individuals to cultivate food that nourishes both the body and mind. It is my hope this research study may inspire and drive positive social changes in our communities by empowering individuals and build individual resilience for Southeast Asian refugees. Yunus (2010) stated, “Poverty is created not by poor people but by their circumstances . . . All it takes to get poor people out of poverty is for us to create an enabling environment for them.” The Garden of Hope may help to create the enabling environment to uplift improvised communities by increasing individual economic mobility and self-sufficiency through entrepreneurship.

Conclusion

This study was influenced by a work experience in 2015 that left me wanting to learn more about the individual lived experiences of the people I met that day and with a lifelong
commitment to helping them. Through this study, I explored the unique, lived experiences of Southeast Asian refugees, who are coping with social, economic, mental, and physical health challenges living in the United States. From participant narratives, four themes emerged: (1) postmigration traumas create hardships among Hmong refugees, (2) poverty and physical and mental health disabilities impact food access, (3) food cultivation is deeply rooted in the Hmong culture, and (4) gardens build social communities and give hope. Theme 1 centered around the postmigration traumas and hardships among Hmong Refugees. Theme 2 highlighted the fact that participants with physical and mental health disabilities experienced a higher level of poverty impacting their ability to access food. Theme 3 provided insights into the lived experiences of Hmong refugees and their perceptions of how food cultivation is deeply rooted in the rich history and cultural practices of the Hmong people. Lastly, Theme 4 highlights how community gardens may address food access issues while building social communities and giving hope to refugees.

Findings suggest one way to alleviate participant stress was to increase access to culturally congruent food. Additionally, increasing economic opportunities and transportation services were identified as critical to improving access to healthy food options. The theoretical framework that guided this study was resilience theory. This framework brought to light the hardship and stress experienced by refugees and was used to outline ways that community gardens may build individual resilience to overcome personal hardships through social support structures. Findings also highlighted the importance of resettling refugees in communities close to families to build individual resilience. Furthermore, findings point to the need for refugee resettlement services to continue beyond the initial arrival to the United States until economic self-sufficiency is achieved.
In the role of the researcher, I continually monitored and checked my personal biases as a part of the researcher reflexivity and thematic analysis process for this study. As such, it is important for me to share that, as a Southeast Asian refugee who struggled with food insecurities and poverty most of my childhood, conducting this study brought both painful memories and enjoyment. After I conducted my first set of four interviews, my heart broke for the participants. I felt angry and sad at the same time. I was in disbelief at the level of pain and suffering experienced by the refugees. My spirit was crushed when Mai Lia said “I have no hope or happiness . . . I am just waiting to die.” There was a deep sadness in her voice and a feeling of despair shared across multiple participants. I will never forget when Mai Xia said, “When I look at these trees, I just want to hang my neck from these trees.” Participants’ lived experiences made me imagine how scared my parents may have felt arriving in a foreign country in September of 1975 with less than $20 in their pockets and three small children to feed. Participants’ stories of chicken broth reminded me of not having enough food to fill my belly, but my mother’s herbal chicken soup kept us warm through cold winters on a 10-acre farm in the Central Valley of California. When we could not afford Western medicines or a trip to the doctor, my father used our “tshuaj ntsuab Hmoob” (Hmong green medicine) from our gardens to reduce my fevers or calm my recurring stomachaches from not having enough to eat.

On the more positive side, I also discovered how kind and resilient refugees may be, even when experiencing extreme personal hardship. These participants took the limited space around their front porch and dirt along the perimeter of the apartment complex parking lots and transformed these spaces into beautiful and lush green gardens to feed their families and preserve their culture of herbal healing. This form of resilience operation to overcome food insecurity
inspired me and rekindled a sense of pride in my Hmong heritage, reconnecting me with my culture, which had been diluted over the last 4 decades.

More importantly, this study rekindled my passion to help others. My next journey is to start the preliminary assessment of my non-profit organization called the Garden of Hope. I hope to be able to uplift improvised communities through microbusiness gardens that will empower Southeast Asian refugees and promote individual self-sufficiency through entrepreneurship. I also hope this study will inspire others to drive positive social changes in their communities to improve food access and the quality of life for all refugees.
REFERENCES


https://doi.org/10.1177/1090198113493782
Your Help is Needed
For a Dissertation Research

Why would you want to participate?
The research will help us understand how to improve access to healthy fruits and vegetables for you and others living in your community.

What can you expect?
Your participation is completely voluntary. Should you decide to participate, there will be one hour-long phone interview scheduled at your convenience. During the phone interview, you will be asked ten questions related to the research topic.

Will you receive compensation?
Participants will receive a $10 Walmart gift card for their time.

Researcher:
Yua Thao
Hmong American

For more information, or to sign up today, please contact:

Yua Thao
(559) 639-8245
Y_thao@u.pacific.edu
# APPENDIX B: PARTICIPATION SOLICITATION PRESCREENING

## Participant Name:

### Research pre-screening

Please fill out this questionnaire to pre-screen potential participants for qualitative research project.

**Gender:**
- ☐ Male
- ☐ Female
- ☐ Other:

**Ethnicity:**
- ☐ Cambodian
- ☐ Hmong
- ☐ Lao
- ☐ Vietnamese
- ☐ Other: ________________________________

**Marital Status:**
- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Other:

**Age:**
- ☐ 18-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50-59
- ☐ 60-69
- ☐ 70

**Household Size:**
- ☐ Number of adults in household:
- ☐ Children under 18 years of age:

**Number of years living in the United States:**
- ☐ 0-9
- ☐ 10-19
- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50

**Employment Status:**

- **Currently Employed?**
  - ☐ Yes
  - ☐ No

- **Hours work?**
  - ☐ PT
  - ☐ FT

**Annual Income:**

- ☐ 0 – 10,000
- ☐ 10,001 – 20,000
- ☐ 20,001 – 30,000
- ☐ 30,001 – 40,000
- ☐ >40,000

- ☐ Women, Infants, & Children (WIC)
- ☐ CalFresh/SNAP (Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Medi-Cal for Families (Healthy Families A & B)
- ☐ Medi-Cal/Medi-Cal (under age 65)
- ☐ Medi-Cal/Medi-Cal (age 65 and over)

## Pseudo Name:

### Contact Information:

- Phone number:
- Address:
- Email Address:

**Are you a refugee from Cambodia, Laos or Vietnam?**
- ☐ Yes
- ☐ No

**Speak English?**
- ☐ Yes
- ☐ No

**Other languages spoken:**

**Can you read English?**
- ☐ Yes
- ☐ No

**Literacy in other languages:**

- ☐ Will you need an interpreter?
- ☐ Yes
- ☐ No

- ☐ Do you have a garden in the apartment complex?
- ☐ Yes
- ☐ No

- ☐ Are you interested in participating in an hour-long interview?
- ☐ Yes
- ☐ No

If yes, note date and time scheduled for interview:

### Additional researcher comments and notes:

**Researcher Name:** ________________________________

**Date and time:** ________________________________
APPENDIX C: INFORMED CONSENT (ORAL PRESENTATION)

UNIVERSITY OF THE PACIFIC

University of the Pacific

SUMMARY OF RESEARCH SUBJECT’S CONSENT TO PARTICIPATE IN RESEARCH

Community Gardens: A Qualitative Study on How Community Gardens May Give Hope to Southeast Asian Refugees Living in low-income Communities

Name of Lead Researcher: Yua Thao
Name of Faculty Advisor: Dr. Delores McNair

You are being invited to consent to participate in research.

Before you agree, the researcher must tell you about (1) the purposes, procedures, and duration of the research; (2) any reasonably foreseeable risks or discomforts, and any benefits of the research; (3) any potentially beneficial alternative procedures or treatments; (4) how your confidentiality will be maintained; (5) whether any identifiable private information or identifiable biospecimens will be collected from you; and (6) whether any procedures are experimental.

Where applicable, the researcher must also tell you about (1) any available compensation, commercial profit, or medical treatment if injury occurs; (2) the possibility of unforeseeable risks and any conflicts of interest; (3) circumstances when the investigator may terminate your participation; (4) any added costs to you; (5) what happens if you decide to stop participating; (6) when or if you will be told about new findings which may affect your willingness to participate; (7) whether you will be notified of research results; (8) whether the research involves genome sequencing; and (9) how many people will participate in the study.

If you agree to participate, you will receive a signed copy of this document and a copy of the complete informed consent document in English.

You may contact the Lead Researcher Yua Thao at (559) 639-8245 or by email at yuathao@comcast.net or Faculty Advisor Dr. Delores McNair at (209) 946-2674 or by email at dmcnair@pacific.edu anytime you have questions about the research. You may contact the Human Subjects Protection in the Office of Research and Sponsored Programs at 209-946-3903 or by email at IRB@pacific.edu if you have questions about your rights as a research subject or what to do if you are injured.

Your signature below indicates that the Principal Investigator has read the information provided above to you, that you understand the information that was provided above, that you have been
afforded the opportunity to ask, and have answered, any questions that you may have, that your participation is completely voluntary, that you understand that you may withdraw your consent and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled, that you will receive a copy of this form, and that you are not waiving any legal claims, rights or remedies.

Signed: _______________________________    Date: __________________

Research Study Participant (Print Name): __________________________________________

Representative’s Description of

Name: _______________________________    Representative’s Authority: _______________

Witness Signature: ___________________________  Date: ______________________

Witness Name (Print Name): _____________________________________________________
APPENDIX D: RESEARCH INTERVIEW PROTOCOL

| Interviewer: ___________________________ | Interviewee Name: ___________________________
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Date: ___________________________</td>
<td>ID Number Assigned: ___________________________</td>
</tr>
<tr>
<td>Start Time: _______ End Time: _______</td>
<td></td>
</tr>
<tr>
<td>Location: ___________________________</td>
<td>Ethnicity:</td>
</tr>
<tr>
<td></td>
<td>☐ Hmong ☐ Cambodian</td>
</tr>
<tr>
<td></td>
<td>☐ Lao ☐ Vietnamese</td>
</tr>
<tr>
<td></td>
<td>☐ Other ___________________________</td>
</tr>
<tr>
<td>Participant’s Language Preference: ___________________________</td>
<td>Male/Female: _______ Marital Status: _______</td>
</tr>
<tr>
<td></td>
<td>Household size: ___ Adults: ____ Children: ____</td>
</tr>
<tr>
<td>Interpreter Information (if applicable): ___________________________</td>
<td>Gender: _______ Age: ___________________</td>
</tr>
<tr>
<td></td>
<td>Number of Years in U.S.: ___________________</td>
</tr>
<tr>
<td>Participant’s Contact Information:</td>
<td>Employment status (circle): PT / FT /</td>
</tr>
<tr>
<td>Phone Number: ___________________________</td>
<td>Unemployed</td>
</tr>
</tbody>
</table>
Address: _________________________________

Estimated Annual Income: _________________

Email Address: __________________________

Source of Income: ___________________________

Do you receive food assistance?  Yes or No

**Introduction:** Build rapport and put the interviewee at ease by introducing yourself. Thank the interviewee for his/her time and for the opportunity to interview with them.

**Review interview process with interviewee**
- Brief explanation of research study, purpose and what the information will be used for. Remind the participant that the interview will likely take up to one hour but additional time may be allocated if needed up to two hours.
- Recording interview - ask for permission to record the interview and inform the participant when recording starts and ends.
- Inform the interviewee that he/she can terminate the interview at anytime
- Confidentiality – inform participant that all interview notes and recordings will be stored on a password encrypted digital file. All interview notes and recordings will be destroyed three years from the completion of the research and University acceptance of dissertation.
- Before you start the interview, validate understanding and ask the participant if they have any questions?

**Interview Instructions:**
- After permission to record is given, start recording and inform the participant
- Read each question slowing and clearly. Repeat question(s) if needed
- While the participant talks, listen, observe, take notes and try not to interrupt
- When the interviewee is done answering; if needed, ask clarifying questions. Also continually check for understanding by asking the participants, “What I hear you say is… Is that correct?”

<table>
<thead>
<tr>
<th>Interview Questions</th>
<th>Participant’s migration and resettlement experiences</th>
</tr>
</thead>
</table>
| Question #1 | Q1. Can you tell me about how you migrated to the United States and why?  
|  | • What country did you come from?  
|  | • Who did you come with?  
|  | • How did you get here?  
<p>|  | • How long have you been here? |
| Question #2 | Q2. Tell me about your life here in the United States? |</p>
<table>
<thead>
<tr>
<th>Interview Questions</th>
<th>Participant perception on how food access impacts them?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question #3</strong></td>
<td>Q3. Tell me how you access culturally congruent foods and herbs for you and your family?</td>
</tr>
<tr>
<td><strong>Question #4</strong></td>
<td>Q4. In what ways, if any, does your ability to access fresh fruits and vegetables have any social, economic, physical or mental health impact to you?</td>
</tr>
<tr>
<td><strong>Question #5</strong></td>
<td>Q5. What are some of the things that hinder your ability to access healthy, affordable, and culturally congruent food for you and your family?</td>
</tr>
<tr>
<td><strong>Interview Questions</strong></td>
<td>What are the resources needed to increase access to healthy, affordable, and culturally congruent food for this population Southeast Asian refugees?</td>
</tr>
<tr>
<td><strong>Question #6</strong></td>
<td>Q6. What resources do you think you might need to help increase access to fresh fruits and vegetables for you and your family?</td>
</tr>
<tr>
<td><strong>Interview Questions</strong></td>
<td>In what ways, if any, might community gardens meet the gaps in food access?</td>
</tr>
<tr>
<td><strong>Question #7</strong></td>
<td>Q7. Why do you have a garden?</td>
</tr>
<tr>
<td><strong>Question #8</strong></td>
<td>Q8. What types of fruits and vegetables do you grow in your garden?</td>
</tr>
<tr>
<td><strong>Question #9</strong></td>
<td>Q9. The garden that you have now, how does it help your family?</td>
</tr>
</tbody>
</table>
| Question #10 | Q10. If a no fee community garden was started within walking distance, would you join?  
If yes, why?  
If no, why? |
<table>
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<tbody>
<tr>
<td>Closing Question</td>
<td>Is there anything else that you would like to share with me?</td>
</tr>
<tr>
<td>Researcher’s Notes &amp; Observations</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E: INTERPRETER/TRANSLATOR CONFIDENTIALITY AGREEMENT

INTERPRETER/TRANSLATOR CONFIDENTIALITY AGREEMENT

Community Gardens: A Qualitative Case Study on How Community Gardens May Give Hope to Southeast Asian Refugees Living in Low-income Communities

Name of Lead Researcher: Yua Thao
Name of Faculty Advisor: Dr. Delores McNair

Your signature below indicates that you agree to the following:
1. I understand that all information provided by interview participants is confidential and I agree not to use or disclose this information.
2. I shall to the best of my ability accurately and completely interpret/translate without altering or omitting anything stated by interview participants.
3. I shall store any records of interviews on a password protected cloud storage or as directed by the researcher, and to destroy any copies of these records remaining in my possession once my involvement in the project ends.
4. I shall immediately notify the Lead Researcher Yua Thao at (559) 639-8245 or by email at yuathao@comcast.net should any of the agreements stated above be breached.

Signed: ____________________________ Date: ____________________

Interpreter/Translator (Print Name): ____________________________________________