Mobile Home Communities of Carver County: A Needs Assessment

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Background and Significance

In 2015, America's Health Rankings ranked Minnesota as the fourth healthiest state in the United States. Carver County, Minnesota has been considered the healthiest county in the entire state from 2013 to the present; this rank is measured by 1) length of life and 2) how healthy people feel during their lifetime (County Health Rankings, 2016). The high health ranking achieved by Carver County over the past three years paints the picture of a healthy population as a whole, but hidden among these statistics may be tremendous disparities.

In 2013 the Community Action Partnership conducted a needs assessment for Scott, Carver, and Dakota counties in order to learn the greatest needs of residents in these communities. Then in 2014, Carver County recruited Wilder Research to conduct a needs assessment for the county. Carver County Public Health received a Statewide Health Improvement Plan (SHIP) grant, which requires "high-need and high-risk populations be targeted for services". Wilder Research's need assessment aimed to assist Carver County in prioritizing where the grant funded activities should be focused. Carver County Public Health decided to use the SHIP funds to engage mobile home community residents. Carver County Public Health partnered with the Resilient Communities Project at the University of Minnesota to conduct a needs assessment specifically for mobile home communities in Carver County, as previous needs assessment were not focused on these communities.

Within Carver County four mobile home communities were targeted for a needs assessment because their residents were posited to have poorer than average health status for the county and are likely being overlooked from the county's public health programs. However, there is limited current research on potential health disparities faced by mobile home residents at the national and/or state level to guide public health efforts.

Socioeconomic status (SES) is often recognized as "the social standing or class of an individual or group" and is commonly measured through education, income, and occupation (American Psychological Association, 2016). National research has found that 55% of mobile home residents earn an annual household income below $30,000 and only 9% have a four-year college or advanced degree and 26% are uninsured (Foremost Insurance Group, 2012). Assuming they apply to the Carver County mobile home communities, the contrast is obvious. In Carver County the average median household income is $86,391 and 45% of the population has a four-year college degree or higher (U.S. Census Bureau, 2010). The drastic differences in SES between the average Carver County resident to their neighbors residing in mobile home communities is important in this scenario, because low SES is "one of the most pervasive and striking social factors to influence physical health" (Chen and Miller, 2013).

Managed Outlook (2010) has reported a significant gap in health status between persons of color and/or of lower SES, even with health insurance, and persons who do not fall into these two categories. 10% of Minnesota's mobile home residents are people of color (U.S. Census Bureau, 2000) and Carver County has the largest white population in the state (Wilder Research, 2014). Because communities of color are expected to grow at a faster rate than the white population (Minnesota State Demographic Center, 2005), racial differences between residents of the mobile home community and non-mobile home residents will likely increase with time and add to SES differences. Additionally, any racial differences between these communities will be compounded if some mobile home parks close (Wells, 2007).

Elderly residents, aged 65 years or older, are also amongst vulnerable populations commonly found in mobile home park communities throughout the nation (Al-Rousan, Rubenstein & Wallace, 2015). This population tends to have lower education levels, income, and

medical insurance than adults in the same age bracket who live in non-mobile home communities (Al-Rousan, Rubenstein & Wallace, 2015). Older persons residing in mobile park homes has also been found to be "more likely to smoke, have lung and heart disease, and report fair or poor general health status" (Al-Rousan, Rubenstein & Wallace, 2015). These findings have implications for Carver County which is projected to have 1 in 3 residents who are 60 years or older although it is unclear if these trends exist within the mobile home community (Wilder Research, 2014).

Mobile home residents also face a variety of health issues due to living in unhealthy homes environments. Mobile homes were found to have higher radon levels, particularly in homes with aluminum wall planking (Cech, Burau & Al-Hashimi, 2009). Kilburn (2000) compared people living in mobile homes to people exposed to chemicals during an office renovation and it was found the indoor air of the mobile home was similar to occupational formaldehyde exposures, which occur during renovations. Formaldehyde is an irritant for eyes, nose, throat, and the respiratory system; and may cause discharge of tears; cough; and wheezing (CDC, 2016). While this may not be applicable to every home, it is important to be wary of the potential health effects from environmental exposures in the home.

To develop a better understanding of the particular health disparities faced in Carver County, it is imperative to know the demographics and health needs of the mobile home communities and to determine health priorities for these individuals. With important differences in socioeconomic status of Carver County as a whole relative to the residents of mobile home communities, it is evident that there is more than likely to be health disparities occurring in the county.

Case studies previously conducted on mobile home communities in Hennepin, Scott and Stearns counties in Minnesota, reported various disparities (Wells, 2007). These disparities stem from issues such as prejudice, race, and age (Wells, 2007). Health disparities place residents of mobile home communities at a disadvantage to the rest of the population. However, there is a lack of research on the health disparities connection to the health needs of mobile home community residents.

Given the overall good health standings of Carver County, and the potential for health disparities in the mobile home communities, a needs assessment will be imperative for identifying health and safety concerns and barriers to health-related quality of life faced by these communities, resulting in a prioritization of the health needs of the communities. This needs assessment will focus on four of the mobile home communities in Carver County: Riverview Terrace MHP LLC (Chaska, MN), Brandondale MHP (Chaska, MN), Stevens and White LLC (Watertown, MN), Riverside Terrace MHP (Watertown, MN).

Within the mobile home park communities of Carver County there is still much to be understood. Carver County GIS has collected block group data for the county relating to population, economy, and households (appendix). However, neither the specific demographics of these communities nor the main public health issues faced by these communities are known. Further study of these communities will identify priority health needs. The main merit of further attention to this subject is to understand the needs of Carver County's mobile home communities and to contribute to the literature on health needs and potential disparities among residents of these communities. It can assist in the realization of the need for further study of health disparities, particularly when pockets like these exist. It can be easy to overlook these communities, because they are not a majority. In the continuation of this topic area, it will be

imperative to research the specific demographics of the four mobile home communities from Carver County being addressed for this project. The development in understanding the demographics of these communities will be essential in ultimately developing a needs assessment for the communities.

Methods

Secondary Data Collection

I used a mixed methods approach to complete a needs assessment for the mobile home park communities of Carver County. First, I used quantitative methods to obtain information about the demographics of the communities. The Population Center University of Minnesota helped me characterize the demographic profiles of the communities. I combined information from the National Historical Geographic Information System and the United States Census Bureau – American FactFinder and Community Survey, and demographics collected by the Carver County GIS & Public Health Department to characterize these block groups where the mobile home communities are located. I examined 1) average household size 2) median household income 3) percent of the community at the poverty level 4) average ages of the communities 5) race and ethnicity 6) unemployment status 7) educational attainment 8) health insurance status and 9) main mode of transportation.

Focus Groups

My qualitative assessment used focus groups. Originally, I aimed to have two focus groups in each of the four mobile home communities. Each focus group was open to six to ten participants, with a set time of an hour and a half. Focus group interviews were semi-structured, with an interview guide to assist in questioning and remaining on topic.

In addition, I also offered one-on-one, semi-structured interviews. I asked residents questions to gather their perspectives on 1) barriers to living a healthy lifestyle (defined by the residents) 2) their knowledge or idea of programs they would like to be more available to them and 3) communications best received by the residents for connection when promoting programming (table 1). Together Carver County Public Health, with the Resilient Communities Project, we created aims of this project which resulted in the development of these categories. Creating focus groups for these communities allowed for fostering the conversation on the topics, triggering reminders of experiences and remaining engaged in conversation (The Access Project, 1999). After analysis of the qualitative data collected from the interviews, the needs of the communities were prioritized and programming was recommended.

I audio recorded focus groups and individual interviews. Each focus group and individual interview was transcribed. Focus groups and interviews conducted in Spanish were translated into English. The transcripts were coded for themes within each question. The themes for each question addressed each of the three categories discussed previously (table 2). I compared the results of the focus groups, to identify themes and/or contradictions between the groups (Bradley, Curry and Devers, 2007).

Table 1. Focus Group Questions
1. What do you like to do in your free time at home? (opening question) 2. What do you think a healthy lifestyle is or looks like? 3. How do you try to follow a healthy lifestyle? 4. What makes it difficult for you to follow a healthy lifestyle? 5. Thinking about these difficulties which do you think, which do you think is the most important for Carver County Public Health to be aware of? 6. What are the main lifestyle related health issues faced by the people in this community? 7. If Carver County were to offer programming to help promote healthy lifestyles in your community, what would you like to see? What would it look like? 8. What would be the best option for reaching out to people in your community when Carver County Public Health advertises programming? 9. What do you believe is the most important message Carver County Public Health should be told from you after our discussion today?

Table 2. Research Questions in Relation to Focus Group Questions

Research Question	Focus Group Question
1. Barriers to healthy living	1,2,3,4,5,6
2. Interventions best received	5,7,9
3. Forms of communication best received	8

Recruitment

Overall, we used a variety of methods to recruit participants. We distributed flyers advertising focus groups with their monthly billing statement, which were delivered directly to their homes. We also posted flyers on community bulletin boards, located at each set of mailboxes. We offered gift cards as incentives to thank residents for their time.

We tailored recruitment strategies to reflect the unique needs of each community. Riverview Terrace had lower resident attendance, which required adding recruitment methods. We went door-to-door to personally invite residents to the focus groups. We also held a focus group for Riverview Terrace at St. Nicholas Catholic Church (Carver, MN) after a Sunday mass, in order to provide a comfortable and safe environment for group discussion.

Ultimately, we were unable to recruit for Riverside Terrace and Stevens & White (Watertown, MN). We were unable to connect with Riverside Terrace, with only permitting advertisement through flyers. Stevens & White, the smallest, was open to allowing focus groups and advertisement with their residents, however the community was very small (approximately 20 occupied homes). Due to these factors, project leaders from Carver County Public Health decided to remove these two communities from all qualitative assessment.

Results

We compared available data for residents of Carver County overall to the block group data of each mobile home community we were able to obtain. Demographic information regarding age, race, average household size, median household income, insurance status, unemployment status, educational attainment, and means of transportation were looked at.

Residents of all four block groups where the mobile home communities are located had higher rates of no health insurance coverage for those aged 18 to 34 years than the county average, as well as lower rates of those with a Bachelor's degree in comparison to the county (U.S. Census Bureau, 2010-2014; see appendix). Residents of these block groups were also more likely to have a lower annual household incomes. As of 2014, the block groups holding Brandondale, Riverside Terrace, and Stevens & White all had higher poverty rates in comparison to the county overall (U.S. Census Bureau, 2010-2014; see appendix). The block groups where Brandondale and Stevens & White were located had higher rates of unemployment, than the county average of 4.7% unemployed in the labor force, with rates of 10.2% and 13.4%, respectively (U.S. Census Bureau, 2010-2014; see appendix). The block group where Riverview Terrace was located was more likely to use public transportation at a rate of 5.6% versus 1.7% at

the county average (U.S. Census Bureau, 2010-2014; see appendix). On a year to year basis, these rates vary for certain block groups, which indicates there may be transient populations in these block groups.

Focus Groups

Residents living in Brandondale Mobile Home Park (Chaska, MN) and Riverview Terrace Mobile Home Park LLC (Chaska, MN) were asked questions found in table 1. We conducted three focus groups in Brandondale Mobile Home Park. Seventeen residents attended the focus groups. There were seven residents in attendance of focus group #1, six residents in focus group #2, and three residents in focus group #3. We also conducted an individual interview with one resident who requested a Spanish interpreter.

We offered more focus group times at Riverview Terrace Mobile Home Park LLC due to smaller attendance numbers in comparison to Brandondale; six focus group times were offered, and nine residents attended overall. Three focus groups were converted into individual interviews because only one person attended at each scheduled focus group times; two scheduled focus groups had no attendees. One focus group had six residents and was conducted off Riverview Terrace property, at St. Nicholas Catholic Church (Carver, MN). This focus group was conducted with a Spanish interpreter, as all six residents were Spanish speaking.

Barriers to healthy living

Brandondale

1. Time

Several focus group members indicated lack of time made it difficult for them to obtain the healthy lifestyle they tried to follow. Residents most often discussed lack of time being an issue

when trying to make healthier meals. Healthier meals were identified as balanced meals containing lean meats, vegetables, and fruits. Residents discussed how there are quick meal options at the grocery store, or fast food restaurants, where they can pick up pre-made meals. Many agreed this becomes the most popular option based on time constraints; they were more likely to select these options rather than preparing a meal that required more time. One resident expressed this sentiment:

> "'Oh this takes 5 minutes or an hour? Hmm? Okay what am I gonna do?' So it's just seems to be the biggest thing that keeps us from eating healthy or being healthy, the convenience cause everything's right there. You go into a store and you can grab it, it's made up, it's done. Of course when it is that way, it's not healthy"

A few residents also noted the time commitment needed in order to break bad habits and/or start better habits. Residents expressed wanting to do more to achieve better lifestyle habits, but recognized the time required for acquiring new habits. When they are continuously busy, it can be difficult to meet this desire.

> "…I'm always going. I want to do more work; that probably sets me up for bad habits…"

2. Accessibility
    a. Transportation

        Residents expressed difficulties with public transportation and many were unsure of public transportation available to them in their community. This was of importance to the residents, because even walking within the community posed issues for some residents. It was stated that there were many elderly residents in Brandondale and

walking long distances was not an option for them. Brandondale is also large, with many hills and no sidewalks, which prevented some residents from leaving their homes regularly if they do not have a proper vehicle. One resident shared the situation her son faced with public transportation when he had no vehicle:

> "My son had a job and didn't have a car, when he wanted to go to school, they wouldn't take him, they told him that he needs to have more than 1 person going on the bus otherwise they're not going to stop and get him."

Residents believed this statement was in regard to Metro Mobility, but they were not certain. This sparked conversation regarding transportation services in the community. Residents discussed their lack of awareness of transportation services available. One resident stated there was a bus service that would stop in Brandondale once per week over the summertime to pick up seniors, so they could go to the grocery store. They did not believe this service was available during the winter. However, this was another transportation service in which the residents were not sure of the name.

b. Cost of Healthier Foods

Nearly all residents identified eating healthy as an important component of living a healthier lifestyle. Eating healthy was most commonly identified as eating meals with lean meats (chicken, fish, turkey) and fresh fruits and vegetables, and staying away from "junk" foods like greasy food, chips, and food with high amounts of sugar. Two out of the three focus groups had at least one person who was diabetic and many others knew someone in the community that was. Many residents had specific diets in which they needed to follow.

Expense was the most agreed upon barrier to accessing healthy foods; several stated it was most cost effective to buy processed food rather than fresh. Most large chain grocery stores (specifically named were Sam's Club, Cub Foods, and Target) were considered to be too expensive for fresh fruits, vegetables, and organic products. Farmers markets were used by the residents, but also considered to be pricier. Food shelves were used by some residents, while they were affordable, the shelves did not offer the full extent of what they would like to be feeding their families.

Price was of particular importance to smaller households. They reported they felt forced to buy in bulk, which resulted in wasting food or repeatedly eating the same meals; when purchasing food on a budget, wasting food is not a desirable outcome. One resident summarized the impact on her small household:

> "Then for two people, like us, or one person that lives alone, you go out and try to find something that's like an individual portion of anything, you can't find that"

c. Cost of Physical Activities

Most residents considered exercise to be an important component of living a healthy lifestyle. Exercising most commonly identified by residents was walking. One resident provided the example of aiming to walk 3 to 4 days per week at 30 to 40 minute increments. Most commonly residents used the walking trails surrounding the perimeter of Brandondale or would walk indoors at the Chaska Community Center. Residents agreed that they often became bored walking the same track and trails repeatedly.

The Chaska Community Center is located directly next to Brandondale. There were some residents who had memberships to the community center. Others expressed interest in memberships, but thought that the cost was too high and unattainable.

Residents stated they can walk at the local community center for free and a one day pass is able to be purchased at a per person cost. Residents shared that those living outside of Brandondale can buy a membership to the community center, which they can pay in installments with their electric bill. This is not an option with Brandondale residents, because this mobile home community has their own electric and it is not possible for residents to add on the membership to a monthly bill, requiring them to pay in full at the time of purchasing the membership. Residents shared they would be more likely to purchase a membership if they could pay it off in increments.

Families found the community center to be particular costly, because if they wanted to purchase a one day pass, they would have to purchase the pass for every family member. One parent stated that even if she wanted to simply watch her children swim, while not swimming herself, she would have to pay for the one day pass as well. Purchasing these day passes for several members quickly adds up and is not an option residents felt they could do on a regular basis due to the cost.

Families also discussed the cost of park department sports and school sports and activities. The standard prices of sports within the park's department and school were stated to be too costly for some families. One parent stated her children's school allowed the children to participate in one sport per semester at a reduced cost, if they qualified for the school's reduced/free lunch program. However, another parent shared this was not inclusive of all sports. Some, such as hockey was exempt from this. She also stated the park's department only allowed a limited number of children to participate in sports and/or activities at a reduced priced. While parents understood the need for pricing and limits on which activities could be offered at a reduced price, they still expressed that it

was hard to have to tell their children they were unable to participate in certain activities due to financial reasons.

3. Minnesota Winters

Residents felt confined by the Minnesotan winters. Living a healthy lifestyle was primarily identified as eating healthy and exercising. Residents expressed not being able to access farmers markets in the winter, where many of them purchase fresh fruits and vegetables. They often felt more inclined to look into their refrigerators and snack on foods less healthy for them.

As stated previously, residents commonly walked for exercise. Most commonly residents used the walking trails within the community or would walk on the track for free at the local community center. Residents would use the walking paths in the summer, but did not feel safe walking the streets in Brandondale during the winter due to ice and snow, let alone the walking paths during the winter. Due to this, most residents felt cooped up and unable to leave their homes when the cold weather settled in.

4. Healthy Homes

Residents discussed difficult of not having healthy homes. The first aspect of this topic was in relation to water. Residents stated they were unsure if their water was safe to drink. They described their water as very hard, requiring the homes to have water softeners in order to address this, which can be very expensive if needed to be replaced. The replacement of these was said to be fairly common due to how hard the water was, resulting in the water softeners having shorter lifespans.

Several residents commented on the challenges associated with their unique arrangement. Residents within Brandondale purchase their homes from individual tenants currently living in

the community. Residents then pay both their monthly home payment (if they did not pay off the home at time of purchase) and a lot rent to the management. Since they are homeowners, when there are issues with the home it is up to the responsibility of the resident to address the issue. This leaves many residents having to replace doors, windows, garage doors, and so forth on their own. It was often costly for the residents to replace these on their own, because mobile homes are not built with the same standards as a non-mobile home. One resident shared their experience of having to purchase a new door for their home and they had to order it through a company in Wisconsin. There was nowhere local or easily accessible to place this order, at least within a reasonable price.

Residents stated they moved into homes that were not properly taken care of and it was their responsibility to care for it. Inspections of the homes, before being purchased, are required to be conducted from the outside of the home only. Residents said this method has left some of them in situations where they have found issues in their homes upon moving in. One resident shared that their home had mold in it and they were unable to remediate it, mobile home insurance did not cover it. Another resident stated their hot water heater was broken when they moved in, they then had to replace it on their own.

Riverview

1. Time

Residents expressed time of day as an issue that stood in the way of a healthy life. Residents recognized time impacted their desired healthy life; they do not have the time in their day. Residents were often very busy. Some residents stated they worked all day and then would come home to their families. Some residents mentioned that is it not uncommon for residents to

work second or third shift jobs; others also worked multiple jobs. One resident expressed that when their family member came home from a day of work, she would then be responsible for preparing the family meal. By the time this was completed, she would be tired and have no time for exercise. Residents also recognized time was needed to make a change in their health, but their busy lifestyles stood in the way. One resident mentioned that some residents just do not have a routine to follow in order to achieve a healthy lifestyle, or aspects of it. Another mentioned, from a different focus group, there has to be time put in for change to happen.

2. Unawareness of resource availability

Residents expressed the desire for more information. This was expressed in three out of four focus groups and interviews conducted. Residents expressed needing the knowledge of what are healthy approaches in order to obtain a healthy lifestyle. Most stated they knew what that eating better, such as more fruits and vegetables and less sugary drinks, and being active were all of importance. One resident said he knew organic foods were better, but when you have a certain budget, that budget is not going to go as far when you are purchasing organic foods. However, they were not sure of the services available to help attain these healthy lifestyles. They know there are services but do not know what they are. Assist those who do not have the resources, many people would like to do things but cannot.

There is minimal knowledge of resources that are available, which are also cost effective. It was mentioned that the community center was too costly, particularly for those with larger families if you do not have a membership.

a. Mental Health

One resident stated they did not have access to resources they believed to be important for mental health. This resident noted there are those who are battling depression and/or anxiety.

They were worried about the stigma often associated with mental health and that this can result in not being able to access the resources they need. Knowledge of knowing which resources were available was important to the residents. One resident shared a difficulty faced with mental health:

> "Cause if you don't have good mental health, you have anger. Because you're not understanding and you're not comprehending what other people are meaning by what they're saying or by how they're acting"

3. Culture

In the Spanish language focus group and one individual interview, culture was a main theme discussed as a barrier to living a healthy lifestyle. Residents agreed their culture revolved around family and friends gathering to spend time with each other, which also incorporated eating meals together made of food they considered unhealthy. Unhealthy food was identified as fried foods, tortillas, fatty foods, a lot of bread, and too much sugar. One resident shared that eating healthy was not a part of their lifestyle and they are used to coming home from work and eating with family and friends, while also being sedentary.

One resident shared his thoughts on the difficulty of change in culture between his birth country, located in Central America, and American culture. He expressed how eating fast food or out at restaurants in Central America was not often an option when he was growing up, because it was so expensive. However, in America, fast food is so easily accessible and cheap. This made it easier for him to eat this food rather than relying on home-made meals. He was able to summarize this issue well:

> "…At the same time there's a lot of stuff that if you don't manage it the right way, you're gonna abuse it and then it's gonna turn into bad for yourself. Especially the fast food, it's not that we don't have access to that in our countries, but it's expensive over there. But right here you feel cheap. You go to McDonalds over here for a whole family you spend $25. In our countries we spend 300 pesos, which is the salary for almost a week for one person."

Interventions best received

Brandondale

1. Community Activities

Residents discussed they would like to have activities and/or workshops focused on attaining their ideas of a healthy lifestyle. Residents had several suggestions regarding the type of workshops they would like to see. The main workshops suggested were 1) cooking healthier meals 2) exercise and 3) resources. These workshops would allow for providing knowledge on these topics, as well as orient residents to resources they can use to obtain these healthier lifestyles. One resident expressed interest in activities like this, while also suggesting a women's running group for the community. This way the women could run in a group, safely together. Another resident suggested cooking classes.

All three focus groups expressed interest in a community garden. Several residents stated they enjoyed gardening in their spare time and have grown vegetables in the past when they can and were interested in growing apple trees. One resident stated they grew tomatoes and would can them for the winter. It was attempted to have gardens, but due to electrical wiring being too close to the surface of the ground it was not allowed. Residents were allowed to have above

ground gardens, but many expressed not being aware of how to create that type of garden. Others were also concerned for the elderly, because of the transportation of the dirt needed for above ground gardens for them was either dangerous or not possible. To remedy this, residents expressed interest in a community garden or greenhouse.

2. Breaking Down Stigma

When discussed with residents which types of programming they would like to see offered by Carver County Public Health, many were residents were concerned about feeling disengaged from the community of Chaska. They are tired of the stigma towards mobile home communities. Residents did not have specific programming they would like to see in order to combat this issue, however, many stated this as a primary topic they would like to see change.

Residents expressed they felt as though there was a stigma towards them. One resident believed there is an assumption, or stereotype, that everyone living in a mobile home community is of low income. Some residents stated their own family members did not want to enter the community. Another resident shared that when some of their friends have visited the community, they are often pleasantly surprised and realize the community is not the stereotype of mobile home parks. Residents want to change perspectives on this.

> "When you mention mobile home, it's almost like you've got a plague"

One resident expressed the difficulty of working with Carver County when meeting with them to determine if any assistance was available when the individual lost their job; they did not receive the necessary help and left feeling small, or unimportant. Most residents agreed they felt separated from the rest of Chaska and that Brandondale was almost like its own city.

> "It's almost like you have to stand on a hilltop and say "Hey, we're here!" You know? Come on! We're part of this community, because we live in a trailer park

> doesn't mean we're not part of this conversation. So yeah I believe we're excluded from a lot."

Riverview Terrace

The main theme residents in Riverview Terrace shared was the need for more knowledge on healthy lifestyles and resources to attain healthy lifestyles. For healthy lifestyles, residents would like to see someone who can help provide information on which foods and exercise are best and what possible health issues residents could be facing based on their lifestyle habits. One resident expressed his neighbors probably know what it means to live a healthy life, but not everyone may want to do it.

> "Explain to us what is a better way to live, a better way to eat or have a healthy life, because maybe we know but we don't want to do it."

Residents stated that many people do not realize how detrimental certain foods can be to their health. One resident expressed this thought:

> "Tell us about the risks, lifestyle; someone that comes and talks to the community and tells us about the risks about not having a healthy lifestyle. Many of us, many Hispanics, don't know the risks of stuff. We do know, but we just don't have the information about it."

One resident, originally from Central America, expressed that he often saw in the country where he grew up how money or items would be given to those in need, but it did not teach them the resources to not continue bad habits. This resident requested to have information about healthy lifestyles and resources to be given to the residents of Riverview, so as to provide something that could provide more information on how to change a lifestyle. He discussed that this is not easy to

attain for someone who is moving to a country they are not familiar with. Beyond this residents also expressed interest in activities for the community, particularly for children, but ones that could be applicable to everyone as well. It was suggested children should be taught how to live a healthy life, while also engaging them in active programs (such as soccer). Other residents expressed interest in how they could be active, particularly since many mentioned the Chaska Community Center was not affordable for them.

Communications best received

Brandondale

Residents believed that written communication was the best way to promote public health programming and draw in the most people. Using billing statements were a form of paper communication, which was delivered directly to the home; the statements are placed on their garages monthly and advertisements can be placed with these statements. Residents stated that they read the newsletters that go out monthly, but that these newsletters are only written in English. Posting flyers on the community bulletin boards was the third form of written communication suggested. There were four bulletin boards throughout the community, there was one bulletin board located at each of the three different mailbox locations and there was a bulletin board located in the main office.

Residents also recommended seeing if there was a local television channel in which advertisements could be placed for public health programming. They did mention there was once an internet service exclusive to the park, however that is no longer in use and is not a form of advertisement that could be used anymore. There was discussion of whether phone calls were a good option. Residents said communicating with them by telephone was an option, but they were

not as open to being called about events they may not have interest in. Residents stated they liked to receive a form of written communication in which they could read and dispose of if not interested.

Riverview Terrace

Riverview Terrace residents preferred verbal communication when advertising public health programming. Residents expressed more skepticism towards public health programming and potential violation of privacy if residents were to attend events. Verbal communication was stated to be a way to place a face to a name and gain more trust from the residents. One resident commented it may take time until it can be expected for events to be popular among the residents, for the trust needs to be gained first. As residents see others becoming involved, it was stated to be more likely that others would start becoming curious and interested in attending events.

Different modes of verbal communication were discussed. It was stated that going door to door and inviting residents to events would be one way to place a face to a name. Residents said spreading the event by word of mouth, by having one resident attend an event letting others know about future events, was an important mode of advertisement among their community. Beyond this, one resident stated they would like for the management to verbally advertise events happening in the mobile home community as residents come into the office. The final mode of verbal communication was through the local churches. The focus group held at the Catholic Church stated it was a place they felt safe and many residents attend the churches, which would be a good outlet for directly contacting several residents at one time. One resident recommended advertising through a popular radio station, which airs Spanish music on Sunday afternoons.

Discussion

Research on mobile home communities at the state and national level is limited. There is little background to be found on the demographics, health status, lifestyles, and so forth of residents living in these communities. The focus groups and individual interviews conducted in this study were performed in order to shed light on some of these topics. We used semi-structured focus groups and interviews to identify barriers to living a healthy lifestyle, the types of programming residents would most like to see, and the best way to communicate these programs to the residents. Brandondale Mobile Home Park and Riverview Terrace Mobile Home Park provided discussion and perspectives that were insightful and pointed to some similar themes, but also some distinctive perspectives. Our challenges conducting this study illustrated how challenging these communities could be to penetrate for information, not simply because there is limited research, but also due to limited ways in which the community residents could be contacted. We note that there were no phone directories, social media, or rosters of addresses of residents in which we had access to. The mobile home communities in Watertown, MN were eventually removed from the study because one community was too small to work with and the other community only allowed flyers to be used for advertisement.

Impact of results

Participants in both communities identified a healthy lifestyle as eating well (cooking meals versus fast food, eating fruits and vegetables, and so forth) and being active (joining the community center, walking, children being involved in sports). However, their perspectives on barriers of living a healthy lifestyle and programming they would like to see to achieve that healthy lifestyle was seen differently by the communities.

Themes drawn across the focus groups and mobile home communities indicated important barriers to healthy living. Time, accessibility (costs, transportation), winters, healthy homes, resources and culture were all barriers. As we look at these themes, it is important to evaluate what is unique to the mobile home communities and what may simply be faced by those who are of lower socioeconomic status or poverty. This is not to say all residents who attended focus groups fall into this category, as there were some residents who indicated they were not. Or were just above the standard poverty line, which disqualified them from certain resources. However, there are others who did say money was an important barrier to living a healthy life. As discussed previously, having higher education levels and income do correlate with better health outcomes. This is a correlation that can be seen in Carver County, where they are consistently better than state averages. Poverty levels in Carver County are relatively low in comparison to state averages. The block group data in which the mobile home communities reside, consistently fall below the outcomes of Carver County.

The views expressed by residents of both Riverview Terrace and Brandondale may share some similarities with those who are living at the federal poverty line or are of lower socioeconomic status. This can be seen with themes in which cost is of a barrier to health, particularly with access to food or physical activities. Not being able to afford fresh fruits and vegetables or organic products, as well as gym memberships, is an issue faced by people throughout the country; the unaffordable cost of these items is not necessarily exclusive to only mobile home residents.

Those who identified as Hispanic or Latino identified culture as a barrier to healthy living. This is more than likely not mutually exclusive to living in a mobile home community. Hispanic and Latino residents expressed their cultures often involve unhealthy foods, as well as

gathering with family and friends to eat these foods. Others expressed the difficulties of American culture and being influenced by fast foods, which were not necessarily available in their birth countries. Their living in a mobile home park did not influence either of these barriers, but rather it is a lifestyle.

There are other themes which would be unique to the communities of Riverview Terrace and Brandondale. Mobile home residents felt disconnect and stigma from their hometown of Chaska. Those who are of lower socioeconomic status or live below the federal poverty line face social stigma, however, mobile home residents in Chaska may face different forms of stigma and do not feel as though they are a part of their own hometown at times. This is of particular importance in a county like Carver County, because these mobile home communities are relatively small and have a chance of being overlooked.

The health of resident homes was also of importance and potentially unique to mobile home communities. Residents brought to the discussion their concerns of not having homes that were safe to live, having costly repairs to their homes, mold being in one resident's home, and so forth. It is costly for mobile home owners to replace items in their homes and make the proper updates. Residents pay a lot rent for the plot of land their home is on, but they are responsible for the maintenance of their homes; lot rents are paid on top of any home upkeep needed. If these residents were living in an apartment complex instead, this would become the responsibility of their landlord.

Recommended Steps for Carver County:

As Carver County Public Health looks to provide programming for residents of the mobile home communities, it is imperative to approach it in a way that captivates the interest of the residents

in order to create sustainable programming. Insight was provided on how to achieve this through the formation and conduction of focus groups. Residents provided insight during the focus groups as to how this could be achieved.

1. *Create programming centered on the interests of mobile home community residents*. Residents need to have interest in the programs offered in order to create strong community engagement. Residents were interested in activities like cooking classes, learning about healthy lifestyles and resources. Creating programming focused on their interests would be a way to exemplify the importance of public health, while also providing a way to address the interests of the community. Educational sessions on how to obtain more fruits and vegetables at an affordable cost would be another option for residents to attain the healthy lifestyle that they want. Furthermore, using these fruits and vegetables in food and how to prepare them on a budget or in quick manner. Some residents did express interest in cooking classes; informational sessions including healthy recipes could even be a potential option.

    From the focus groups and individual interviews in Riverview Terrace, the barriers to living a healthy lifestyle were time, resource awareness, and culture. Many residents did not know the resources available to them and wanted to become more knowledgeable. Residents most commonly agreed they would like to see more programming related to education on resources available and healthy living, which would be best advertised through various forms of verbal communication.

    The Spanish focus group stated part of the culture involved gathering together and eating, but not always eating the healthiest of food options. Educational programming on which foods could be made at these gathering would be of benefit. However, it is of

importance to acknowledge the culture and find the most fitting way in which to accomplish this goal while also respecting the culture. It would also be important to offer programming that is presented in English and Spanish. If only presenting or advertising in English, an important population in Riverview Terrace could be missed.

2. *Form relationships with the residents*. There are limited options in which to reach out to mobile home residents directly. Forming creative ways in which to connect with the community is vital. One resident expressed that maybe if residents were to post on social media advertising future programming in the community, or providing their opinions on programming they attended, it may draw in more residents. Since there is no direct way to contact residents (no phone directory, addresses, etc.) taking advantage of social media outlets would be a quick and cost-effective way to reach out to residents. Encouraging the usage of neighborhood applications for smartphones (NextDoor) or Facebook, would be a way for Carver County Public Health to advertise their programming, in a method that people will look at. Making relationships with key members of the community will be important for the success of this so they can share their thoughts and experiences for the programming on social media outlets.
3. *Form relationships with social communities of Carver County*. The only successful focus group for Riverview Terrace was held at a local Catholic Church. Residents of the focus group indicated there was another Catholic Church many mobile home residents attended and expressed the churches were a good place for outreach. One resident expressed that "If the priest tells them to do it, they will". Building relationships with the churches would be important in advertising and reaching out to residents in a place they would feel safe. Finding churches of other denominations would be useful as well.

Since stigma and disconnection from the community was of concern, forming relationships with other popular community organizations, such as the Chaska Community Center or park's department, would be a step towards building a bridge between the mobile home communities and Chaska. Offering programming in these community locations could be a way to start bridging the gap. This would also provide a way to draw interest of residents while they are out, rather than when they are already home, which may capture more interest.

4. *Time and patience*. It is going to take time for residents to gain the trust and interest in any programming being offered through Carver County Public Health. Not everyone has interest in public health or knowledge of what it is, which may result in unsuccessful programming at first. However, in order to create sustainable programming, it is going to take time to become effective in the community. Exemplifying that the programming is here to stay and the benefits of it will be essential in the implementation.

Limitations

The first limitation to be considered is of the interview processes used. In focus groups, participants may not want to reveal private information due to being surrounded by their neighbors or discuss with a person from outside the community (Matthews and Kostelis, 2011). There may also be specific issues with focus groups; having multiple people sit in on an interview may prevent full expression of viewpoints due to interruptions or too many people trying to speak at once (Matthews and Kostelis, 2011). However, all steps were taken proactively to try and ensure as comfortable of an environment as possible.

Two focus groups were conducted in Spanish. An interpreter provided direct interpretation, however, this may have prevented full expression of viewpoints or answers not

being interpreted with the exact same meaning back into English. The flow of the conversation was well kept throughout the focus groups. One of the focus groups was held at a local Catholic church, in hopes of providing an environment that made the residents feel comfortable and safe to discuss the topics at hand.

This study is limited to two communities located in one county of Minnesota. The information found may not be readily applicable to mobile home communities across the state or the country. As it can be seen within this study, even the two mobile home communities where there research was conducted had their own concerns. These two communities are approximately only 2 miles apart and they had their own perspectives on health barriers and programming. Of course, this would be due to real differences or the specific people who elected to participate. There is little research on these communities for comparison at this time to be used to fully understand how the information found in this study can impact other mobile home communities.

Conclusion

Conducting a needs assessment for the communities of Brandondale Mobile Home Park and Riverview Terrace Mobile Home Park of Chaska, MN allowed for the collection of insight on the barriers faced by residents in terms of living their desired healthy lifestyles. Beyond this, the information provided by the residents allowed for the discussion of the type of programming they would like to see in their community, giving them a necessary voice in this project, rather than programming being picked for them. Unfortunately, it can be easy for those with distributing resources to not always take the chance to fully understand what would benefit the community they are trying to assist.

Based on the current lack of research on the topic of mobile home residents' health, it is important to draw attention to this topic. The residents from these focus groups shared their biggest barriers to living a healthy lifestyle and these barriers are ones in which do not require high level problem solving. Residents want to simply be able to eat healthy, be active, and be valuable members of their mobile home community and Chaska. With these desires, Carver County Public Health need to address programming that will educate and provide residents with the resources in way to achieve something that is sustainable in the residents' everyday lives.

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Appendix

	Carver County
Population (2014)	
2010 Census Population	91,042
2015 Population Estimate	98,741
Median Age (2013):	37
Non-White Population (2014)	
Non-White Population Total	9,621
Percent of Total Population	10.00%
White:	90.20%
Hispanic or Latino:	4.00%
Asian:	2.60%
2 or more races:	1.80%
Black or African American:	1.10%
American Indian and Alaskan Native	0.20%
ive Hawaiian and Other Pacific Islander:	0.10%
Other Race:	0.10%
Carver County Hispanic Population (2013)	
Total Population:	3,805
Median Age of Hispanic Population	21
Percent of Total Population	4.00%
Percent of Minority Population	41.20%
Income below poverty total:	793
Percent of Hispanic Population	21%
County Overall Poverty Rate:	4.40%
Economy (2014)	
2014 Federal Poverty Line, family of four	$23,850
Percent of Population Below Poverty Line	4.30%
Percent of Population 2x Poverty Line	14.10%
Median Household Income	$86,391

Sources:

Carver county population. (n.d.). Retrieved April 29, 2016, from Carver County GIS website: https://gis.co.carver.mn.us/storytelling/demographics/Population.html

Carver county economy. (n.d.). Retrieved April 29, 2016, from Carver County GIS website:

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Source: U.S. Census Bureau. American Community Survey, 5-year, and Metropolitan Council.

	Riverview Terrace, Chaska (910,002)	Brandondale, Chaska (909,002)	Riverside Terrace, Watertown (901,004)	Stevens & White (901,002)
Hispanic Population				
2010	726 (43.09%)	123 (10.39%)	NA	51 (4.37%)
2011	620 (39.42%)	138 (9.07%)	NA	60 (3.39%)
2012	597 (34.75%)	10 (0.71%)	NA	39 (2.54%)
2013	494 (29.94%)	12 (0.85%)	NA	42 (2.52%)
2014	26.04%	6.81%	NA	22 (1.23%)
Non-White Population				
2010	807 (47.89%)	156 (13.18%)	NA	87 (7.46%)
2011	690 (43.87%)	138 (9.07%)	NA	131 (7.41%)
2012	666 (38.77%)	10 (0.71%)	NA	114 (7.44%)
2013	548 (33.21%)	12 (0.85%)	NA	140 (8.39%)
2014	27.45%	8.05%	NA	99 (5.55%)
Population 65+				
2010	242 (14.36%)	47 (3.9%)	47 (7.5%)	215 (18.44%)
2011	302 (19.20%)	29 (1.91%)	91 (14.15%)	248 (14.02%)
2012	307 (17.87%)	63 (4.46%)	81 (10.71%)	215 (14.02%)
2013	338 (20.48%)	85 (5.99%)	80 (12.76%)	249 (14.92%)
Average Household Size				
2010	2.09	2.45	2.37	2.13
2011	1.82	2.5	2.32	2.19
2012	1.99	2.39	2.25	2.17
2013	1.97	2.37	2.11	2.19
2014	2.03	2.35	2.14	2.3
% Poverty				
2010	19.2	6.4	5.1	2.9
2011	3.1	4.9	8.6	20.4
2012	2.7	4.8	14.6	20.5
2013	4.8	5	14.7	18.2
2014	3.5	11.9	11.8	16.1
Median Household Income				
2014	42,407	39,792	46,250	62,000

Sources:

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https://gis.co.carver.mn.us/storytelling/demographics/Population.html
Carver county economy. (n.d.). Retrieved April 29, 2016, from Carver County GIS website: https://gis.co.carver.mn.us/storytelling/demographics/Economy.html
Carver county households. (n.d.). Retrieved April 29, 2016, from Carver County GIS website:https://gis.co.carver.mn.us/storytelling/demographics/Households.html
Source: U.S. Census Bureau. American Community Survey, 5-year, and Metropolitan Council.

	Carver County	Riverview Terrace, Chaska (910,002)	Brandondale, Chaska (909,002)	Riverside Terrace, Watertown (901,004)	Stevens & White, Watertown (901,002)
2010-2014					
Health Insurance					
Total Population (18 to 65+ yrs)	66, 782	1,458	1,180	540	1,366
No Health Insurance Coverage					
18 to 34 yrs:	1,710	107	154	30	136
35 to 64 yrs:	2,070	165	140	45	98
65 yrs or greater:	29	0	0	0	0
With Medicaid/means-tested public coverage only					
18 to 34 yrs:	1,006	22	52	29	45
35 to 64 yrs:	1,184	124	74	81	34
65 yrs or greater:	0	0	0	0	0
With Medicare coverage only					
18 to 34 yrs:	8	0	0	0	0
35 to 64 yrs:	256	8	49	20	0
65 yrs or greater:	1,694	93	12	42	27
Employment Status					
Total Population in Labor Force (16 years and over)	53,448	949	871	329	1,072
Employed (in labor force):	50,888	905	782	318	928
Unemployed (in labor force):	2,555	44	89	11	144
Means of Transportation					
Total:	49,996	880	775	318	892
Car, Truck, or Van	44,413	786	757	281	832
Public Transportation (Excluding taxicabs):	852	50	9	0	14
Other:	4,731	44	9	37	46

Educational Attainment					
Total Population (25 yrs and over):	60,296	1,486	1,051	512	1,181
High School Diploma:	11,794	531	386	172	319
GED:	983	103	77	28	0
Associate's Degree:	6,106	108	132	66	58
Bachelor's Degree:	19,398	163	103	55	258
Master's Degree or higher:	7,759	73	74	25	107
Median Value (in US dollars) for Mobile Homes					
US Dollars	13,600	12,000	19,000	11,100	NA

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