Living as a Hmong Elder Woman in the USA: Healthcare Issues and Health System Management Interventions

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Introduction

The term Hmong means free men (Rairdan & Higgs, 1992). In a way, they are 'free', because they are scattered all around the world. The worldwide diaspora of the Hmong in 2000 was around 12 million (Fig. 1). The US census 2010 reveals that the population of the Hmong in the US currently is around 260,000.

According to the literature, the state of California and Alaska have the largest percentage of Hmong who have no education (Lee, Pfeifer, & Seying, 2000). Many of them came to the US from Laos, following the communist takeover of Laos in 1975. Hailing from a drastically different cultural geography, and with very high levels of illiteracy, they face many challenges coming to the United States. Many Hmong people living in the US do not speak or have very little understanding of the English language.

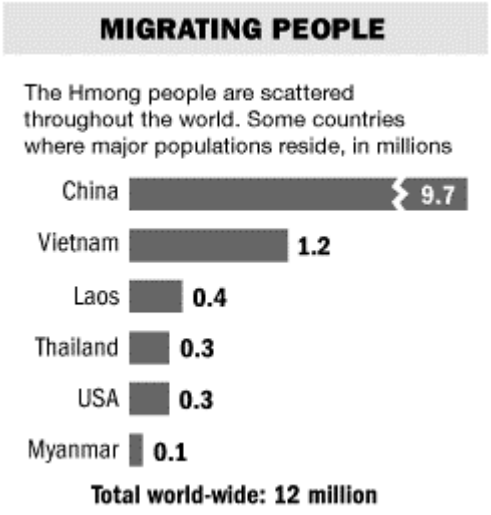

Figure 1: Worldwide Hmong population in 2000 (Source*: Lao Human Rights Council*)

Due to the small population of Hmong people in Alaska and their unique needs, health care services for them are largely inadequate. Hmong women are faced with various obstacles living in Alaska. The most common obstacle among them is language barrier. In addition, there is a cultural barrier and lack of knowledge with regards to modern medicine.

Language barrier, culture differences, and the utter lack of knowledge of western medicine could create a larger problem when Hmong women seek health care services. According to the Hmong National Development Center (2011), over 3,500 Hmong people live in the state of Alaska and of that about 3,400 live in the city of Anchorage. As a result of the three obstacles and their impacts in health services, there are inadequate services accessible to help these people when they need assistance. In a big city like Anchorage, there are Hmong interpreters available but not enough to service the need of the Hmong community. Doctor appointments are cancelled or postponed for weeks and sometimes even months because contacting them can be a challenge for some Hmong women. It is not uncommon older women taking middle school aged young children with them to the doctors as interpreters. Many times these young children are not any older than middle school age. Young children playing the role of interpreters often mis-communicate the information from health care providers over to their parents and vice versa. This creates confusion and often leads to inaccurate diagnosis for many Hmong patients. Misunderstanding could also cause feelings to be hurt. The scenario is much worse in the bushes that are not well connected with the cities like Anchorage and Fairbanks. Hatmaker (2010) stated that differences between the two cultures and their perceptions of healthcare often leads to painful misunderstanding between Hmong patients and American doctors.

The second author of this manuscript, a Hmong herself, believes that many Hmong are torn between the two cultures. The Hmong and the American are two very

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different cultures that often collide because of their differences in beliefs and health care practices. Many conflicts between the two are explained in books such as The Spirit Catches You and You Fall Down by Fadiman (1997). The literature tells the story of a Hmong girl with epilepsy, Lia Lee, being torn between the decisions of her parents and her American doctors. Both sides wanted the best for Lia's condition but because of culture differences, the process in caring for her was long with many complications and misunderstanding.

The United States healthcare system has a need to evolve into a cross-culturally competent (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003) one, especially given the ever increasing cultural mix of its population. This study aims to better understand the healthcare related concerns of the Alaskan Hmong women; problems related language-learning-culture barriers are explored.

The new breed of US born and raised Hmong are very adaptable, according to some researchers (Vang, 2010). Hmong women in the United States is the fastest group that overcame the economic, racial, and other structural barriers, and have successfully assimilated into the American culture(s). For example, there are more Hmong women graduated from colleges/ universities, more of them are getting prestigious jobs, and are becoming breadwinners for their family as in contrast to decades ago or as in Laos. It is also suggested that new generation of the Hmong women in the US are now, in fact, doing at least as good as their male counterparts (Xiong & Lam, 2013). The previous generation, the current elders among the Hmong took all the pain to nurture their children, including girl children, up to reach such level of success (Supple, McCoy, & Wang, 2010). Yet, it is important that this success and adaptation should not be allowed to create an aura that everything is fine. In that sense, this study is a way to see the largely neglected backyards of progress and attainment.

The Study

It was felt that appreciate inquiry would be a suitable framework to inquire into the mind of a highly 'emic' culture like the Hmong. Appreciative inquiry is a relatively new paradigm that guides qualitative researchers. It was felt that the positive feelers that the appreciative enquiry approach brings with it would 'turn on' the minds of the Hmong women and reveal the truth. Generally, qualitative discussion like in a focus group is one good way to collect rich subjective viewpoints. When focus group is conducted within the parameters of appreciative inquiry paradigm, it becomes even more valuable.

Appreciative Inquiry has essential steps the researcher must follow. It is referred to as the "4-D" Cycle. Before anything, the researchers must select and have a topic to begin with. Once the topic is chosen, it is time to follow the steps in the 4-D Cycle (Cooperrider, Whitney, & Stavros, 2008): step one, "Discovery (appreciating and valuing), Dream (envisioning), Design (coconstructing the future), and Destiny (learning, empowering, and improvising to sustain the future)" (p. 5).

The first phase of the model is Discovery. In this step, the researcher determines what the best value of the topic is. It is done with appreciating and valuing what you have to work with. An addition to discovering, the researcher engages dialogue and making meaning of all the positive points in the topic (Cooperrider, Whitney, & Stavros, 2008). In a business setting, more than one person will be involved in discussing the positive points of the topic. Appreciation usually occurs at this point through discussion and the sharing of ideas. This stage is done by appreciating the best of what is.

The second step is Dream. Everything developed from the discovery step is included into the dream step. The discovery step serves as a beginning point to start what will happen in the dream process. In dream, you are envisioning what you will like to see happen. The person must be passionate and think positively towards the future (Cooperrider, Whiteny, & Stavros, 2008). Cooperrider, whitney, and Stavros (2008) stated that the dream step works best when the question "what is" has been identified because then the mind will automatically start thinking towards the future. In this stage the participants co-create dreams of what positive changes should happen from conducting the research. The dream, in the context of the present research, is about what can be done to improve medical

services for the Hmong women in the Alaskan community so that there will be fewer obstacles in the future.

Next come the third step, Design. As before, each step is built from the previous step. After dreaming what you will like to see happen in the future, it is time to plan different ways to make the dream become reality. In this step, it is important to use past experiences and knowledge to build on to the new ones developed to make the change even better than before. It is a combination of the past and the present to produce the best in the future. Cooperrider, Whitney, and Stavros (2008) refers this kind of planning as "strategic intent: what the organization wants more of and recognizes that the future is built around what can be and what is" (p. 7). The third step requires the researchers to design a plan to make my dreams happen. In this step, we will think about the process to follow in order to achieve the dream.

The last step to the cycle is Destiny. In an organization, this step happens when everything from the three earlier phases are put together and ready to put into action. It is the step to make things happen and to make sure it does. This step will take the company to a better level than before. The last step of my research is destiny. Because of the time it would take to see the outcomes, the present study will not be able to report on this stage. Perhaps, it may take up to a couple of months or years to see the results.

In order to gather qualitative primary data for analysis, the following issues were presented to the focus group consisting of six Hmong women: a) you current life situation; b) the good and bad critical encounters you had with medical providers; c) your vision of a better world with better healthcare; d) the conditions that would facilitate the achievement of the aforesaid vision, according to you; and, e) any other significant issues left out of this discussion, according to you.

All the questions were translated to the Hmong language, as the participants were not fluent in the English language. To protect the identities of the participants and any information they will give, pseudonyms were used to represent them during the focus group discussion and also on the short demographic survey that followed. Institutional review board approval was obtained for the study protocol and that informed consent was obtained from all study participants.

Data Presentation and Analysis

Focus group responses were translated back to English. With the help of word-phrase-pattern analysis software, significant themes were identified.

Focus Group Composition

Ms. A, who was born in Laos, identified herself in the age group of 66 and older. Her nationality is Hmong. She does not have an educational background, and is unemployed. She has lived in the United States for 20 years. She cannot understand the English language. In regards to her health, she states that she sometimes visit the doctor. From these visits, she often has good experiences and is very satisfied with the interpreting services she receives. However, she believes there should be some changes to the services available.

Ms. B, born in Laos, identified herself in the age group of 31-45 and her nationality as Hmong. She does not have an educational background and does not work. She has lived in the United States for 19 years, however she cannot understand English. She say she often visit the doctors for medical needs. From her experiences, she sometimes receives good services. She believes there are available services. One example she listed was interpreting. Though she is very satisfied the services during her doctor visits, she believes there should be some changes to the services available.

Ms. C, born in Laos, identified herself in the age group of 46-65. Her nationality is Hmong. She does not have an educational background, cannot understand English, and is unemployed. She has lived in the United States for 20 years now. On her demographic questionnaire, she writes that although, she has lived in the United States for a many years she does not understand English. In regards to her health, Ms. C states she often goes to see the doctor and has received many good experiences which made her very satisfied. She says there are services available for her such as interpreting. However, she agrees that there is a need

to change the services that are available for medical services here in Anchorage.

Ms. D, born in Laos, identified herself in the age group of 31-45. She is Hmong and do not have any kind of education. Her current occupation is a detailer. She has lived in the United States for 7 years now with basic understanding of English. She states that she sometimes visits the doctor and during these visits, she often have had good experiences which makes her very satisfied. During her visits, she says there are services available for her such as interpreting. Although, she is often satisfied with her visits she believes there is a need to change the services that are already available.

Ms. E, born in Laos, identified herself in the age group of 46-65. She also identified her ethnicity as Hmong. She has no educational background and is currently not working. She has lived in the United States for 7 ½ years and does not understand English. When asked about her health, she states she often visits the doctors. From the visits, she often receives good services and is very satisfied with her experiences. She states that there are services available for her such as interpreting. However, when asked if she believes there is a need to change the medical services that are available, she also says yes.

Ms. F, born in Laos, identified herself in the age group of 31-45. She also identified her ethnicity as Hmong. She does not have any education and is unemployed. She has lived in the United States for 7 years now and is able to understand basic English. She sometimes visit the doctor for her health. When asked about her visits, she states that she often has good experiences and is satisfied with the services. The service available for her is interpreting. She is able to have a Hmong interpreter for help. The very last question on the demographic questionnaire asks to see if she believes there needs to be change in the services available, Ms. F answered no.

Major Themes

1. Cultural isolation

Cultural isolation includes issues related to religion, custom, language, etc. Before coming to the United States, many Hmong lived in Laos and Thailand. They lived in the country side where they farmed and raised lived stocks for food. Many of them did not go to school. When they wanted to go somewhere, they had to walk. When they were sick they depend on medicinal herbs and the practice of shamanism. Their lives were simple. Life here in the United States is different. The culture and the language are foreign to them. Surviving is to have an income which means they must have a job which pays them. Unfortunately, the elderly Hmong find it challenging to adapt to the western culture. Many of them are unfamiliar with the western culture and cannot speak English. Because of these reasons, life in the United States is a challenge.

Living in another country means to learn about the people that lives there and adapting to changes. Getting an education can help an individual better understand and adapt to a new culture. However, many elderly Hmong women come to live in this country at a much older age and with the responsibilities of a traditional Hmong wife caring for the family and their husband. Perhaps, this reason and responsibility could be the main cause that does not allow them the opportunity to get an education while living in the United States.

We have noticed that when these participants talk among each other, some of them are able to use basic English words and understand the meaning of it. But when asked to see how much they know, they deny their abilities. Among themselves they are able to use a few English words but around someone who is able to speak English fluently, they appear modest and incapable. We believe that not having self-confidence to relate with another culture is a major factor to why it is difficult for these women to communicate in English with people not in their in-circles.

2. Illiteracy

Illiteracy includes not having any learning but goes beyond that. A person who lacks in education has not received any teaching to help them learn skills in life and what is happening around us and the rest of the world. Lack of education can be caused by different factors. For example, cultural beliefs and practices, affordability, etc. During the focus group interview, a

few participants stated that one hardship for them living in this country is their lack of education

Lack of education does not only affect these women personally but also when they go out of their homes. Not having the opportunity to get an education also makes it challenging for them to communicate with others because they are unaware of the situation or does not fully understand it. Farther more into the discussion, a few of these women shared their experiences in the past.

For this specific group of women, not having an education also impacted them negatively by not being able to learn and speak the English language which in turn makes it twice as difficult to do almost anything while living in this country. It was observed that many Hmong women come to the US at an older age. Their traditional practices of a housewife caring and tending to the need of their family and husbands have made it difficult for them to get formal education. Without this, coupled with cultural isolation, they are unable to learn English. During the focus group discussion, we have found that all six of the participants take on the role of traditional Hmong wives. Five of the six participants do not work. Their main responsibilities were to take care of their children and husbands, and to cook and clean while everyone else is gone to school and work.

In the responses, a few participants stated that it is impossible for them to learn anymore because of their age. They stated that they do not have the memory to remember what they learn and so they will not be able to go far. Also, they stated that because of their old age their tongues will not be able to pronounce words and so they will not be able to speak English. With such mindset, these participants do not make the attempts to try.

3. Communication Difficulties

Communication difficulties refer to the obstacles that come along with not understanding the language of a particular culture or country as it affects the means of communication. Many Hmong women come to this country and cannot speak English. When they go outside of their Hmong speaking homes, they depend on someone else who can or an interpreter to help them communicate with others.

Because of such challenges, it is common to see an interpreter with a Hmong woman at doctor's appointments. The interpreter will act as the communicator between the Hmong woman and the American doctor. However, sometimes local interpreters are not available to assist these women at the hospitals, so over the phone interpreters are used instead. This creates another problem for these women. During the discussion, a few of these participants explains the difficulties of using interpreters over the phone.

We believe that if they have a better understanding of the western culture they would be more accepting towards change. From the participant's responses, we felt that the ability to understand and speak English would be a good beginning point to solve the problems associated with the lack of communication and cultural differences.

4. Quality of Healthcare

The participants also mediated upon the consequences of all the three factors listed above upon their receiving quality healthcare. Quality could be related to the core treatment, communication, and the availability of auxiliary services. Cultural isolation, illiteracy, and communication issues are all interconnected; but, more importantly, they impact the quality of healthcare received by the patient. According to most participants, one of the most common services needed at hospitals and medical clinics was interpretation services. On the demographic questionnaire, one of the questions was to elucidate what types of services were available and also what services would they like to see. Every participant highlighted the need for interpretation services. Even while translation facilities were available, translation services lacked cultural-depth without which translated words would lose all meaning.

The following diagram (see figure 2) identifies and highlights the themes emerged from the study and their interrelatedness.

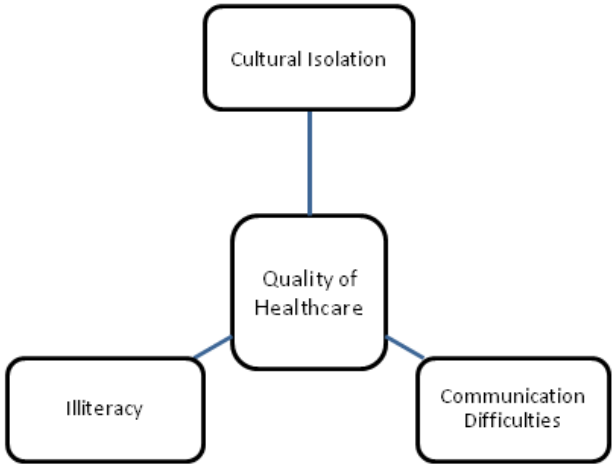

Figure 2: Themes emerged and their interrelationships

Further Reflections

It was noted that family members including young children are used as interpretation-middlemen. When this happens, important information can be lost in translation which leads to misunderstanding between the medical provider and the patient. Translating English to Hmong is not an easy task. There are not enough Hmong words for every English word and so for this reason, translating requires an individual who is able to translate correctly or able to use the right Hmong words to describe an English word between a Hmong patient and an American doctor.

Often, the Hmong patients had to rely upon online translators. The participants stated conversations over the phone are distracted by noises enabling them to hear clearly. They also did not like telling their problems to someone they could not see and 'experience the personal warmth of'. It is difficult to establish any kind of relationship and trust with interpreters who you cannot see, many participants consented.

Another issue that emerged from the discussions is the importance of patient-friendly, hospital provided or public transportation. Many of the Hmong women are unable to drive and would have to depend on family members to take them to and from the hospitals. Many times, family members would have to take a day off of work so they can take the person to their doctor's appointment. The participants suggested that going to a doctor's appointment will be less complicated if there were interpreters available who could also provide help with transportation.

Lastly, there was the suggestion for healthcare providers to learn about the Hmong and their culture practices. According to a few of the participants, providers in larger states have better understanding of their Hmong patients because there is a larger Hmong population. The participants felt that more education could benefit both the provider and the Hmong patients. Also, it would help establish a better relationship and trust between Hmong patients and their doctors.

Conclusion

This research was stemmed out of our deep-felt desire to give a voice to the voiceless of the Hmong women migrated to the US, carrying with them a lot of dreams and also memories of unsavory pasts. Based on our personal experiences, it was felt that there was a grave need to help provide the Hmong community with better healthcare services. Participant observations, their feelings, aspirations, and their willingness to work together to build a better future has given us even more motivation to help make these changes for not only the older Hmong women but also for the entire Hmong community. This research helped us clarify a lot of plausible issues and relationships that formed in our minds prior to carrying out this research.

With this research, we hope to find a way to make it easier and less stressful for older Hmong women and new Hmong immigrants to find adequate medical assistance they need. It is hoped that concerned stakeholders would use the knowledge gained from this investigation to improve medical services for the Hmong and also make these services more accessible. We have observed that with the growing number of Hmong here in Anchorage, certain medical facilities are already learning about the Hmong and their culture.

The Hmong are modest and tend to keep their opinions to themselves. We realized that many of them are

easily intimidated, especially older Hmong women, when being questioned by a person with a higher education. They appear to be afraid of not answering 'correctly' and so the responses they give are limited in detail, which is a limitation of this study. Also, this research may have a limited scope due to data limitations and the skewed participant profiles. Say, the focus group that we conducted only included Hmong women in Alaska that were older and uneducated; they, in turn, have more difficulties finding healthcare for themselves and their families. Also, due to the smaller group of the Hmong in Anchorage, there are not enough education leaders and role models for these women. Given these, their readjustment to life in the US might become much slower than elsewhere in the country (We thank the anonymous reviewer of this manuscript for these insights).

Again, the data collected from these elderly women cannot be applied to the Hmong men, younger Hmong women, children, the new Hmong immigrants, and also those who live outside of Alaska. We are aware that older Hmong women are not the only ones within the community that are faced with obstacles. It would be a great addendum to the study if the older Hmong men could share their experiences. Although the Hmong culture is patriarchic allowing men with more opportunity, we believe they may encounter similar challenges in regards to the medical services.

Living between two different cultures, it is sometimes not the best thing to make a medical decision. Only a healthcare system that is cross-culturally competent can understand the pangs of patients in this situation. So, training and development interventions should also be focused upon improving the profession, especially the cultural adaptability of the service providers.

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