

HISTORY

After the defeat of the French on the Lao-Vietnamese border in 1953 civil war raged in Laos. The U.S. in particular provided both economic and military support to Hmong fighters in the north in what has since been called the "Secret War." In 1975, when communists took control of both Vietnam and Cambodia, the Pathet Lao took control of the country and established a Marxist government. The government set up "reeducation camps" that were generally regarded as even more severe than those of the Vietnamese. The case for Hmong applying to come to the U.S. was especially compelling because the U.S. had reportedly promised that if Laos were lost to the communists, the U.S. would provide them with any assistance they would need. Initially, U.S. resettlement of the Lao and Hmong as refugees was substantial, but in recent years the numbers have dwindled.¹

DEMOGRAPHICS

The U.S. Census Bureau estimates that in 2000 over 169,000 Hmong lived in the United States².

HEALTH STATUS

It is difficult to characterize the health status of Hmong. Many studies do not differentiate between the various ethnicities studied. Small sample sizes make it difficult to generalize research findings. Finally, in some cases, data are just not available. For these reasons, the data contained here provide only a rough estimate of Hmong health status.

Currently, insufficient data is available on the health status of many specific Asian American populations such as Hmong in the U.S. Some research has been done on mental health issues, such as trauma-related disorders stemming from violence and torture. Documentation also exists on the health beliefs or health practices of Southeast Asians, as well as how these cultural differences affect their access to care, and interactions with the U.S. health care system.

MATERNAL AND CHILD HEALTH

Evidence suggests that Hmong women experience lower quality prenatal care and barriers to maternal health services.

The practice of breastfeeding, which provides immunological protection to infants, is uncommon among Hmong and many other Southeast Asian women. Targeted breastfeeding promotion is needed to address attitudes regarding the popularity and convenience of formula-feeding, and discouraging hospital practices that may hinder breastfeeding.³

Evidence suggests that Hmong women experience lower quality prenatal care and barriers to maternal health services. Hmong women in California receive one-half to one-tenth the rate of cesarean sections as white women.⁴ Delays in obtaining care have also been documented with

regards to prenatal visits. Interviews with pregnant Hmong women living in Wisconsin found that fear of miscarriage caused by the touch of a doctor or nurse resulted in delayed care.⁵

Efforts to improve the quality and access of care have received positive feedback. One clinic implemented successful reforms such as hiring a nurse-midwife, reducing the number of pelvic exams, expanding hours of operation, creating a direct telephone line to Hmong interpreters and producing a Hmong-language prenatal health care education videotape.⁶

CHRONIC DISEASES

Cancer

Compared to all races combined, Hmong were found to have higher rates of cancer in the following sites: nasopharynx, stomach, liver, pancreas, leukemia, and non-Hodgkin's lymphoma. Cervical cancer, and in particular, invasive cervical cancer, were much higher in Hmong women. In addition to cervical cancer, diagnosis of many cancer sites occurred at the advanced stage and grade of the disease, indicating avoidance of Western medicine and low participation in screening programs.⁷

Cardiovascular Disease

Southeast Asian boys (Cambodian, Hmong, Lao, and Vietnamese) ages 10-15 have greater mean systolic blood pressure than did black and white boys, while Hmong boys in particular have higher odds for hypertension. This suggests that cardiovascular disease may emerge as a significant problem among Southeast Asians.⁸ Heart health education targeted towards Southeast Asians has been shown to be effective in increasing awareness of blood pressure and ways to prevent heart disease.⁹

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Sudden Death

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Numbers of seemingly healthy Hmong immigrants have died mysteriously and without warning from what has come to be known as Sudden Unexpected Nocturnal Death Syndrome (SUNDS). The disorder tends to strike young Southeast Asian men during sleep. While breathing disorders, and heart conditions have been suspected of causing SUNDS, to date medical research has provided no adequate explanation for these deaths.¹⁰

INFECTIOUS DISEASE

Hepatitis B

A study at a clinic in St. Paul, Minnesota found that 18% of the Hmong patients had acute or chronic Hepatitis B infection (HBV), with the rate of infection highest in the 15-19 age group¹¹. Another study examined blood test results from U.S.-born Hmong refugee children in Wisconsin who had not been previously vaccinated. Of these children, the rate of HBV infection was 30% among those whose mothers had HBV, and 11% among children whose mothers did not. Prevalence of infection also increased with age, and when siblings with HBV lived in the household, indicating possible HBV transmission through family contact.¹²

MENTAL HEALTH

Mental health providers in the U.S. have encountered numerous challenges in serving the Southeast Asian population. Many Vietnamese, Cambodian, Laotian, and Chinese refugees are diagnosed with post-traumatic stress disorder (PTSD). This condition is rooted in traumatic etiologies from being victims of wars, such as political refugees, concentration camp prisoners, victims of rape, and from suffering severe personal losses (property or human lives).¹³

HEALTH BEHAVIORS

Diet/Activity

Evidence suggests that Southeast Asian refugees (Cambodian, Vietnamese, Hmong) who had been in the United States for five years or less maintained strong ties to their native foods and traditional meal patterns.^{14, 15} However, studies have also shown evidence of significant early obesity in low-income Hmong children, an ethnic group previously thought to be a low risk for obesity.¹⁶

Substance Abuse

Due to the combined effects of mental health disorders and acculturation pressures, substance abuse problems among Southeast Asian immigrants may be significantly increasing.¹⁷

ACCES TO CARE

Lack of Health Insurance

While rates of health insurance coverage does not exist nationally for the Hmong, some data exists for Southeast Asians as a whole. In 1997, 27% of Southeast Asians, ages 0-64 were uninsured in the U.S., compared to 14% of non-Hispanic Whites. Southeast Asians were much less likely to receive insurance through their jobs (49% vs. 73% in Whites), and much more likely to be covered by the Medicaid program (18% vs. 6% in Whites).¹⁸ In California, the rate of uninsurance among Southeast Asians doubled from 11% to 23% between 1994 and 1997 as a result of declining Medicaid coverage.¹⁹

Linguistic and Cultural Barriers

A study of Hmong children who underwent appendectomies has suggested that Hmong children experience longer delays before arriving at the emergency room, longer delays between arriving at the hospital and arriving at the operating room for surgery, and longer mean hospital stays. They also experienced more invasive surgeries. Social and cultural barriers and communication difficulties largely compromised the health care of Hmong children.²⁰

Cultural issues significantly impact community health. Unfortunately, few programs are designed to build upon cultural assets and community strengths. Hmong place tremendous importance on spirituality, family life, and tradition. Viewing these beliefs as cultural strengths, and, for example, incorporating spirituality or Hmong traditions into a Western healing regimen could be extremely beneficial. In addition, programs which provide culturally competent nutrition education are likely to be successful in reducing risks for diabetes and heart disease, as they have among other populations.²¹ Valuing traditional culture and using it to complement Western health practices will help reduce barriers to health care and improve the health of the community.

RESOURCES

- Southeast Asia Resource Action Center (SEARAC)
www.searac.org
(202) 667-6449
- Hmong National Development, Inc.
<http://www.hndlink.org>
(202) 463-2118
- Ethnic Specific Health Care Beliefs and Practices
http://www.baylor.edu/~Charles_Kemp/asian_health.html

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¹⁹ Declining Medi-Cal Coverage Leads to Increasing Uninsured Rate Among California's Asian Americans and Pacific Islanders, April 1999. UCLA Center for Health Policy Research. www.healthpolicy.ucla.edu.

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