STRUGGLES AND NEEDS OF THE HMONG COMMUNITY:

AN EXPLORATORY STUDY

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By
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DEDICATION

It is my honor to dedicate this work to the most critical figures in my life: my parents, Wangki and Jiashea Xiong, and my loving grandmother Chong Her.

First and foremost, to my parents who have provided me with unconditional love and opportunity for success. It is through their support and encouragement that has pushed me beyond my comfort zone and into the unfamiliar where I was able to explore the unimaginable and make such dreams possible. Secondly, to my determined and graceful grandmother of 100 plus grandchildren and great-grandchildren, who has showered me with her affectionate love, support, and comfort.

My father, mother, and grandmother have been the sole providers who have provided me with a rich childhood and with the fondest memories that will last beyond a lifetime. I am forever grateful and indebted to their love and sacrifices.

Kuv Txiv, Nam, hab Nam Tais, ua tsaug rua mej txujkev hlub hab tshua kws tau txhawb kuv zug qha kuas kuv kawm tau ntawv qeb sab hab ua ib tug ntxhais zoo. Kuv yuav ncu mej txaj ntsig moog ib txhis le.
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ABSTRACT

The purpose of this study is to understand the needs of Hmong community members. In order to do so, the struggles of the Hmong community are explored to understand the circumstances that led to their needs. The intent of this study is to gain information that could be used to improve the effectiveness of programs and improve the lives of members of the Hmong community. The data are collected through a qualitative, exploratory, ethnographic study. Face-to-face interviews are utilized with a sample of seven participants to explore each participant's struggles and needs living in the United States. This researcher explores the services participants feel the Hmong community may need to improve the Hmong's lives. The results of this study reveal that participants struggled most with learning English, educational and occupational attainment, and financial hardships. The findings of this research indicate a need for services that provide information about educational and occupational attainment, learning English, and tutoring services. Additionally, participants echoed the need for a community resource and outreach center that would provide information about available services within the Hmong community. This researcher suggests social workers should be educated about the Hmong community, develop trust with the Hmong community, and consider creating programs to improve the lives of the Hmong community. Additionally, social workers should advocate for policies that provide a livable wage, fair employment practices, affordable housing, and access to affordable education.
CHAPTER I
INTRODUCTION

Statement of the Problem

The social work profession has a long history of being committed to the community in providing services and resources equitable to the needs of the community. The intent of the social work profession is to ameliorate, preserve, and restore the interactions and daily functioning within society. More precisely, it “promotes social justice of individuals, families, groups, communities, organizations, and society at-large with special emphasis on vulnerable populations” (Dulmus & Sowers, 2012, p. 53). Social work is a practice aimed at helping people address their problems and providing the individuals, groups, or communities with appropriate resources they need for a healthy and productive life (National Association of Social Work, 2015). Furthermore, social workers have the responsibility to meet the needs of their community. It is the profession's philosophy to distribute justice by serving those who are in need. Social workers have a responsibility to bring awareness about communities and groups where there are ignorant and insensitive practices, inadequate resources, and ineffective policies (Colby, Dulmus, & Sowers, 2012). Social work professionals create opportunities to strengthen people's sense of competence, connect them with available and appropriate resources, and promote change within institutions and organizations all in an effort to respond to the needs of all members of society (Miley, O'Melia, & DuBois, 1995). The goal is to promote
positive change and provide empowerment to groups and individuals for distributive justice through resources, services, and advocacy. A large group that social workers serve is the underserved population. Additionally, ethnic minorities comprise a large portion of the underserved population.

Although all racial and ethnic groups suffer, Iglehart and Becerra (1995) argue that each group does not suffer to the same extent. They argue that the sufferings of minority groups are heightened by their status as a minority and that minority groups suffer to an extreme compared to sufferings of the white ethnic group. Iglehart and Becerra (1995) asked critically contemplative questions:

What were the settlement houses doing for the African Americans who migrated to the North in search of economic security? For the Mexicans who were displaced from their land? For the American Indians confined to the reservation? For the Chinese being driven out of the country? For the Japanese who were punished for being too successful in realizing the American dream? (p. 118)

Although the social work profession has come a long way in providing resources for community needs, ethnic minority communities are often overlooked. Instead, many of the services provided only meet the needs of society as a whole and lack services specific to minority needs. There is a need to address the individual needs of each minority group.

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people,
with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty... Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. (National Association of Social Work, 2015, para. 5-6)

As a profession, social workers have a responsibility to meet the needs of underserved populations. It is important to ensure the needs of ethnic minority groups are met whether the needs are health needs, mental health needs, educational needs, living arrangement needs, cultural needs, or financial needs.

One such group where social workers are attempting to address the needs is the Hmong community. As social workers, there are a number of organizations and programs that were undertaken to try to meet the needs of the Hmong community, such as Hmong National Development (HND) and Merced Lao Family Community, Inc.

Hmong National Development (HND) is a national not-for-profit organization that “provided local Hmong non-profits with capacity building and technical assistance tools, advocated in DC for legislation which impacts [their] community,
cultivated leadership in youth through [their] DC internship programs and local youth empowerment programming models” (Hmong National Development, Inc., 2015, para. 1). HND empowers Hmong communities “to achieve prosperity and equality through education, research, policy advocacy and leadership development” (Hmong National Development, Inc., 2015, para. 1). In efforts to achieve their mission, they have developed many programs for the Hmong community.

Some of the projects include Southeast Asian Farmers Education (SAFE) program, Community Strengthening Program (2001-2003), and The Risk Management Education Project. These programs were created to teach community members about farm related risks and how to manage those risks, how to be successful entrepreneurs, finance and crop management, and credit counseling (Merced Lao Family Community, Inc., 2015). Additionally, resources were created to meet the needs the Hmong community and reduce the probability of bankruptcy and financial stress. Moreover, many of these programs were created to help crop and poultry farmers achieve prosperity.

Merced Lao Family Community, Inc. is another organization that developed multiple projects to improve the quality of the lives of the Hmong community. The projects include Parents as Teachers, Prevention and Early Intervention, Hmong Youth Cultural Group, Hmong Health Collaborative, and Southeast Asian Consumer Education. These programs provide home visiting services, support to clinicians working with Hmong patients, mental health outpatient services, and an after school
program for cultural activities such as dance and learning Qeej, which is a traditional musical instrument (Merced Lao Family Community, Inc., 2015)

HND and Hmong Lao Family Community are organizations that have created programs to meet the needs of the Hmong community. All programs were provided in an attempt to try and meet the needs of the Hmong community. It is essential for social workers to meet the needs of the Hmong community because all data suggest to us that the Hmong minority group is underserved. According to Pfiefer and Thao (2013), reports indicate that the Hmong suffer from poverty, lack of education, employment barriers, and health and mental health disparities.

Upon taking refuge and immigrating to the United States, many of the Hmong experienced poverty; however, they did not have the government to provide services to help them achieve self-sufficiency. Although the Hmong living conditions improved, they have not caught up to other racial ethnic groups. The Hmong people have been in the United States for 40 years, yet they presently hold the lowest rates of bachelor's degree attainment and high rates of health disparities (Pfeifer & Thao, 2013). Of all the ethnic minority groups, there are concerns about the absence of research on how diseases develop and affect the Hmong community. Presently, in the Hmong community, there are high occurrences of “cancer, diabetes, cardiovascular diseases, hepatitis, hypertension, and gout” (Pfeifer & Thao, 2013, p. 7). In addition, although mental health has been around for quite some time, the Hmong community is still unfamiliar or without complete knowledge of mental health services. There are a small number of published studies that discuss mental health experiences of Hmong
Americans and only a few systematic attempts to study the occurrence of mental health problems among the Hmong community. Although there had been a decline in overall poverty among the Hmong population in the United States, from a poverty rate of 40% in 2000 to 25% in 2010, income is still a significant problem for the community. Poverty is still prevalent in the Hmong community, and the Hmong remain one of the poorest ethnic minority groups in the U.S (Vang, 2013).

Merced, California is a relatively small city; however, it is the metropolitan city with the third highest Hmong population in California. In 2010, there were 7,254 Hmong living in Merced, CA (Hmong National Development, 2013). Since the time the Hmong immigrated to the United States, they have had various disparities across races and ethnic groups in the United States. Among others, these include higher rates in the areas of poverty, unemployment, under education, poor health, and mental health issues (Pfeifer & Thao, 2013). Considering the disparities the Hmong minority group has suffered for 40 years, it is imperative to create programs and services that meet the needs of the Hmong community.

Merced County in California is attempting to meet the needs of the Hmong community through the Hmong Women's Initiative (HWI). The Initiative, along with Hmong professionals in Merced County, creates workshops that provide Hmong Community members with important and relevant information about services available, health and mental health concerns, cultural preservation, education, and empowerment (Merced County Human Services, n.d.). The workshops also serve as a place community members can bring concerns associated with the needs and well-
being of their families and the community. The workshops provided information associated with health and mental health concerns and services, educational and leadership empowerment, finance, and emotional well-being (K. Vang, personal communication, 2014).

Although the Hmong are a minority group that have gradually learned to seek services, the needs of the Hmong community remain unclear with regard to health and mental health, educational, and occupational knowledge, awareness, and services. Additionally, they are a minority group that is slowly, however increasingly, learning approaches to achieve higher education, higher paying jobs, and acculturate to the American customs. While there are programs in Merced attempting to address the needs of the Hmong community, it is unclear whether the services provided by programs are actually meeting the needs of the Hmong community, specifically in Merced, CA.

**Statement of Purpose**

This study explored the perspectives of the Hmong community members about their needs within the community and in the home. Additionally, this study examined the members' difficulties living in the United States. The purpose of this study was to explore the needs and concerns of the Hmong community so that the information gained from this study could be used to improve the effectiveness of programs and improve the lives of members of the Hmong community. Programs and initiatives have been created; however, it is unclear as to what the Hmong community views as their needs. The personal statements and information about needs gathered
in this study were intended to provide information to improve existing programs and inform new programs being created. This study was an effort to explore the needs of the Hmong community as an effort to improve the lives of the Hmong community members. More specifically, the purpose of this study was to explore and answer the research question: What are the difficulties and needs of the Hmong community members in Merced, CA?

To accomplish the above purpose, this study attempted to answer the following questions:

1. What are the struggles the Hmong experience in the United States?
2. What are the needs of the Hmong community?
3. What services have Hmong community members utilized?
4. How have past services and programs improved the quality of their lives?
5. What is the Hmong community's knowledge about services and programs available in their community?
6. What further programs and services would the Hmong community wish to be created to meet their needs?

**Significance of the Study**

The purpose of this study was to understand the needs of the Hmong community members. The data gathered were intended to provide information to assist workers working with the Hmong community. Additionally, this study was expected to provide information that could be useful to agencies creating programs for the Hmong community. It is critical to attend to the voice of the Hmong
community and the Hmong's perspective about their own needs because they are the members who experienced the struggles living in the United States. The strength’s perspective holds that people are “the experts on their own lives and situation” (McCashen, 2005, p. 12). McCashen explains that “people know themselves better than anyone else,” and “know best what helps them change and what stops them” (p. 12). This informs workers of the importance of listening to the Hmong voice regarding their needs and the services that meet those needs. Identifying the community's needs was intended to help social workers distinguish useful approaches about serving other ethnic minority communities. Identifying the needs of Hmong communities may help researchers and policy makers identify prevalent issues and create services and policies to assist minority groups in understanding and preventing disparities from re-occurring. This study was intended to help social workers understand how to work with Hmong families. Having a cross-cultural understanding about the Hmong community helps social workers, researchers, and policy makers understand cultures better, communicate clearer, and make better decision in making policies, regulations, and services.
CHAPTER II
LITERATURE REVIEW

Introduction

It is important to exhibit sensitivity when addressing a foreign culture that has faced multiple disparities. Before discussing a delicate matter about an ethnic minority group such as the Hmong and their struggles, it is important to understand the context in which the Hmong have lived and correlate their background to their current environment. This chapter provides a brief synopsis of the Hmong’s background in the mountainous hills, their involvement in the secret war in Vietnam, and their post-war experiences. This chapter also discusses literature associated with disparities, difficulties, and needs of the Hmong ethnic minority group. Current statistics associated with Hmong demographic trends, employment, education, health disparities, and mental health disparities are discussed. A section of this chapter also explores established programs created for the Hmong, which contributes to the awareness of presently available resources for the Hmong community.

The Hmong

The Hmong were thought to have owned some land in China before the Chinese claimed their land in about 300 B.C. (Vang, 2003). According to Pfaff (1995) and McCall (1999), political climate arising in China led the Hmong to flee. Thereafter they became a nomadic group of people until they arrived in Southeast Asia and relocated in neighboring countries of Laos, Vietnam, and Thailand in the
1800's. The Hmong became an ethnic minority group that lived in the mountainous terrain of Southeast Asia for many years before fleeing to the United States for refuge (Saewyc, Solsvig, & Edinburgh, 2008). During the Vietnam war in Southeast Asia, an alliance was formed between the United States Central Intelligence Agency (CIA) and the Hmong living in Laos, an officially neutral country (Mote, 2004). Although the Hmong were promised protection and relocation, the government of the United States subsequently withdrew their forces from Vietnam and left the Hmong behind (Moua, 2014). In the aftermath of allying with the United States (U.S.) during the Vietnam War and the fall of Saigon, the Hmong were forced into hiding or to seek refuge in another land (Mottin, 1980). It was not until 1975 that the United States opened their land as a host country for the Hmong refugees. According to Hamilton-Merritt (1993), refugee camps were available in Thailand as well as host countries including the U.S., France, and Australia which was made available through the Refugee Assistance Act of 1975.

**Resettlement**

As the Hmong arrived into the United States as refugees with different values, beliefs, traditions, and way of living, their cultural values and traditions were challenged and invaded, causing stress in many areas of their lives. After taking refuge in the United States as an agrarian group, the Hmong struggled to adjust in a foreign land with mass technology and higher education (Vang, 2003). This form of cultural challenge and invasion may have been a possible factor that contributed to the disparities within the Hmong ethnic minority group. It is thought that
accommodating to the American values and culture can be a challenge for Hmong refugees. These factors need to be explored to reveal the difficulties adapting to a new culture that families experience and to begin to understand what services could be provided to meet the needs of the Hmong community and ensure their safety and well-being.

As the Hmong fled to the United States, there were missing services and lack of communication between systems which created frustration for agencies attempting to address problems and barriers for the Hmong immigrants (Saewyc, Solsvig, and Edinburgh, 2008). In Southeast Asia, the Hmong spent their usual days working in the fields, and the majority of them did not obtain a high school degree or the equivalent. Due to the Hmong's agrarian background, they came to America unprepared for the modern world of technology and scientific findings. The aftermath of fleeing to a foreign country ill-prepared forced a vast number of Hmong people to access public assistance (Pfeifer, 2003).

Upon immigration to the United States, the Hmong gradually learned how to accommodate to the American culture. There are Hmong families who acculturated to the American culture and traditions with less difficulty than is typical for most. Some Hmong families chose not to assimilate to the American culture, in fear of losing their culture and as their last attempt to hold onto their heritage. Although the young population of the Hmong acculturated to the American customs, many of the older Hmong population are merely adjusting to the culture; nevertheless, both groups
share struggles that hinder different areas of their lives including employment, poverty, education, health, and mental health issues.

**Struggles and Attainment of the Hmong Community**

There have been postulated factors affecting the Hmong's satisfaction and adaptation processes. Multiple studies reveal various disparities among the Hmong. Furthermore, more studies continue to explore factors affecting the Hmong community. Manalo (2011) found that obstacles faced by Hmong students and families include, “a changing socioeconomic status, a high prevalence of mental disorders, and linguistic barriers” p. 1).

**Demographic Trends**

It is suspected that the Hmong were undercounted in the 2000 Census, and it is likely that the Hmong were undercounted for the 2010 Census; however the undercount in 2010 is expected to be lower than the undercount in 2000 (Pfeifer & Yang, 2013). Additionally, it had been disclosed that some Hmong self-reported their ethnicity to the Census 2010 as Laotian. Between 2000 and 2010, the Hmong population in the U.S. increased by 40%. In 2000, the Census showed there were 186,310 enumerated Hmong persons in the United States. More currently, the 2010 Census reports a notable increase showing there are 260,073 enumerated persons of Hmong origin in the United States, the District of Columbia, and Puerto Rico combined (Pfeifer, Sullivan, Yang, & Yang, 2013). Presently, age and population trends for Hmong in the United States are quickly shifting. According to Pfeifer, Sullivan, Yang, and Yang (2013), the 2010 Census reveal 44% of the Hmong youth
population were under the age of 18 years old. In comparison between both the
general population and the Asian American population, Hmong Americans had the
largest youth population (Pfeifer et al., 2013).

There were two main waves of immigration of the Southeast Asian refugees.
The first wave consists of those who “entered into the United States in 1975 or
earlier” (Sakamoto & Woo, 2007, p. 46). The second wave is comprised of those who
entered the United States following 1975. The first wave encompassed those who
immigrated subsequent to the withdrawal of the U.S. military forces during the
Vietnam War (Sakamoto & Woo, 2007, p. 46). The second wave of immigrants was
essentially from 1979 and later. According to Kao (1995), many Hmong who were
the first arrivals had no family connections prior to arriving in the United States. “Nor
were they particularly selective in terms of possessing high levels of educational
attainment or scarce occupational skills as stipulated by immigration law” whereas
the second wave to had lower rates of poverty compared to the first wave (Sakamoto
& Woo, 2007, p. 46).

**Welfare Utilization**

In making the United States their new home, the Hmong were forced to adapt
to a new environment as well as a new and unfamiliar system: the welfare system.
According to Vang (2013), since the Hmong’s initial arrival in the U.S., many of their
families relied on “public assistance to meet their basic needs” (p. 27). The rate of
recipients of public assistance had decreased; however, rates of reliance on public
assistance among the Hmong population are much higher than in the U.S population
as a whole. Vang (2013) postulates that although some may not utilize cash assistance, some rely on food stamps to “make ends meet.” Moreover, there is a significant difference of food stamp usage between the U.S. population as a whole (10%) and Hmong households (29%) (Vang, 2013).

**Employment**

The Hmong, alongside other Southeast Asian groups who fled to the United States, are regarded as refugees due to the circumstances that forced them to enter a host land. Sakamoto and Woo (2007) postulate that, “refugees tend to have lower socioeconomic statuses than immigrants who are admitted for their labor market skills. [As refugees, the Hmong entered the United States] with essentially no economic assets or well-devised plans for the future” (p. 46). Results from a study conducted by Garcia and Harris (2001) reveal that ethnic minorities faced the highest numbers of barriers entering workforce. Of Asian groups, Hmong and Laotian refugees were the groups at highest risk for failure (Garcia & Harris).

Sakamoto and Woo (2007) suggest there are particular Asian ethnic groups that may be at a disadvantage analogous to the whites. Among Asian American groups, the Hmong are one of the most frequently recognized groups to have low socioeconomic statuses (Sakamoto & Woo, 2007, p. 44). When comparing the 2000 Census data to explore the differences in education, wages, and managerial/professional employment between Cambodian, Hmong, Laotian, and Vietnamese Americans to African Americans and “whites,” Sakamoto and Woo (2007) found that the Vietnamese held high average values compared to other
Southeast Asian groups. Dissimilarly, “the socioeconomic attainments of second generation Cambodians, Hmong, and Laotians tend to be closer to those of African Americans […]” (Sakamoto & Woo, 2007, p. 44). Moreover, Vietnamese and Laotians were more likely to be better off compared to the Hmong. An exception to this was the second generation Southeast Asian groups who were a sector of the prior immigration wave which showed to have “higher socioeconomic origins” (Sakamoto & Woo, 2007, p. 44).

In an analysis of the annual median income of Hmong men and other men in the U.S., Vang (2013) reported that Hmong men earn $16,000 less than men as a whole in the U.S., while Hmong women earn a $3,000 annual median income less than Hmong men. A large portion of Hmong workers hold jobs concentrated in manufacturing. According to Vang, 29% of Hmong workers hold manufacturing jobs. In California alone, 15% of the Hmong population is employed in a manufacturing job, whereas 10% of the general population in California hold a manufacturing job (Vang, 2013). In North Carolina and Oregon, 50% of the Hmong population is employed in manufacturing (Vang). It is believed that with the Hmong's concentration in manufacturing, the decline of the availability of manufacturing jobs made the Hmong population vulnerable. A contributing factor to their occupation and salary is lack of education and the concentration in low-paying jobs. Kalil et al. (1998) identified a set of nine barriers to employment that were associated with vocational and pre-vocational skills and abilities. These barriers included: low-schooling, little work experience, lack of job skills and credentials employers’ value,
lack of work readiness, worries about employer discrimination, mental health problems, alcohol and drug dependence, physical health problems and family stress, and experiences of domestic violence.

In an examination of unemployment rates between the United States population as a whole and the Hmong population specifically, Vang (2013) found that six percent of the general population was unemployed and eight percent of the Hmong were unemployed. It is believed that a higher rate of Hmong experience poverty as the earnings of the Hmong fall behind the general population. The Hmong were thought to have a significantly higher percentage of people living in poverty (25%) compared to the U.S population (11%) (Vang). Vang notes that few Hmong families are able to save money for retirement due to their struggle with basic needs; only three percent of Hmong households had retirement income.

Education

According to the U.S Census 2010, there was an improvement in Hmong American's average educational attainment. Additionally, there was a notable improvement in educational attainment of Hmong persons 25 years or older, between 1990 and 2010 (Xiong, 2013). The average Hmong American, 25 years and older, who attained a bachelor's degree or higher rose from 4.9% in 1990 to 13.4% by 2010; however, Xiong (2013) notes that fewer than three percent possess a master's degree or higher. Although the average rate of Hmong college students and Hmong graduate or professional students had doubled between 2001 and 2010, significant challenges still exist. Moreover, the Hmong had the lowest bachelor's degree attainment rates
when compared to all other racial and ethnic groups (Xiong, 2013). As found by ACS 2010 data, “14.5% of Hmong Americans aged 25 and older have attained a bachelor's degree or higher, 31.4% of non-Hispanic whites, 18% of non-Hispanic blacks, 50.2% of non-Hispanic Asians, and 13.1% of Hispanics aged 25 and older attained a bachelor's degree or higher” (Xiong, 2013, p. 31) As stated by Xiong (2013) “three educational challenges that Hmong American communities continue to confront are:

1) the over-representation of Hmong language minority students as English Learners in K-12 public schools, 2) Hmong Americans’ relatively lower attendance in college, graduate, and professional schools, and 3) Hmong Americans’ lower attendance in pre-school and kindergarten.” (p. 31)

**Health Disparities**

Many studies have examined the Hmong's lack of knowledge and motivation to seek health services. More importantly, studies revealed high rates of Hmong who were identified with health issues. According to Xiong et al. (2013) Hmong Americans face considerable health disparities. A study by Yang, Mills, and Riordan (2005) discovered Hmong women, notably those 40 years or older, were more likely to be diagnosed with cervical cancer at a later stage compared to other groups. Ross, Yang, Kiffmeyer, Bushhouse, and Robison (2003) found Hmong patients were more likely to be diagnosed with “nasopharyngeal, gastric, hepatic cancer, and cervical malignancies” (p. 3077). Hmong patients were identified with having higher rates of uric acid stones compared to other groups (50% and 10 %). Furthermore, Sheikh,
Atla, Raoufi, Sadiq, and Sadler (2012) found that one in six Hmong blood donor patients screened had a virus. Portis et al. (2010) reported that Hmong patients (11.5%), primarily Hmong men, had more likelihood to report gout compared to the general population (4.1%). A notable concern reported by Xiong et al. (2013) is Hmong patients had less likelihood to utilize treatment compared to “Asian/Pacific Islander women and Caucasian women” (p. 43).

**Mental Health Disparities**

The Hmong are noted to have taken refuge in host countries; however, there are concerns that some Hmong experienced a difficult transition and acquired mental health issues. It is believed that they struggled as agrarian people to adjust to living in a modernized land. Mental health is a particularly unspoken topic within the Hmong culture. Evidence revealed that the Hmong lack mental health knowledge and concepts, and had predetermined labels of shame tied to mental illness, developmental impairment, a decrease in cognitive functioning, and psychiatric symptoms (Lee & Chang, 2013). There are inconsistent results associated to expatriation distress, ethnic identity, and depression as these elements altered the mental health condition of the Hmong living in the U.S. Moreover, there are further studies that reveal mental health symptoms in the Hmong population. According to Bliatout (1982) and Adler (1991) there were impacts of cultural adjustments, sleep paralysis, and nightmare occurrences among Hmong refugees. These difficulties contributed to nocturnal death syndrome in the Hmong community. Additionally,
reports reveal the Hmong also experience other hardships as a result of the Vietnam War and taking refuge in the United States.

According to Mollica, Wyshak, De Marneffe, Khuon, and Lavelle (1987) and Kinzie (1991), Southeast Asians are found to have prevalent rates of post-traumatic stress disorder (PTSD), depressive disorders, and mixed anxiety and depressive disorders. In 1989, 225 Hmong patients out of 404 Southeast Asian patients were identified with depressive and anxiety symptoms (Lee & Chang, 2013). One study found that acculturation distress among Hmong refugees were the most potent elements that affected their mental health (Lee & Chang, 2013). Circumstances where the Hmong experienced difficult acclimation or developed mental health issues were detailed by Lee and Chang (2013):

In 1998 ... a Hmong man in CA ... murdered his five children and committed suicide shortly thereafter. It was later acknowledged that the deceased caregiver exhibited chronic adjustment difficulties, which significantly limited his employment abilities and contributed to his mental distress. Similarly again that year, the media profiled Khoua Her in MN, who strangled her six children to death as a result of her lifelong oppression, struggle with mental illness and the gender inequities of a hierarchal culture. Another well-publicized incident occurred again in 2000 when a Hmong man catastrophically displaced outrage related to denied benefits and shot and killed a security guard at a Social Security Administration office in CA. The convicted individual
was known to display bizarre behavior along with heightened emotional reactivity, and his actions were accumulative of the refugee experience as well. (p.48)

According to Lee and Chang (2013), a comprehensive research project with 97 Hmong refugee participants and a comparative sample of 51 mental health patients were conducted by Westermeyer (1986) which explored the Hmong's adaptive progression and acculturation responses. The study found there were significant problems associated to downheartedness which was described as having “low spirits, crying spells, decreased libido, bouts of fatigue, and suicidal ideation” (Lee & Chang, 2013 p. 49). In another study, Futterman-Collier, Munger and Moua (2011) found that Hmong participants disclosed issues associated with intergenerational communication difficulties, marital discord, domestic violence, and child abuse. Mental health administrators and bilingual clinicians who provided services for Hmong mental health patients Sacramento, CA, stated there was a lack of information regarding Hmong mental health issues. Due to the lack of individualized information for each Southeast Asian ethnic group, the rates of mental health issues of the Hmong remain unclear (Lee & Chang, 2013).

**Needs of the Hmong Community**

As the Hmong continue to adjust to the American culture, reports show there had been an increase in delayed marriage and divorce rate (Xiong, 2013). Additionally, there was also a 147.9% increase in the number of Hmong non-family households from 2000 to 2010. Non-family household is described as a household
with non-related individual or a household with one single person living alone in that household (Xiong, 2013). Since the arrival in the United States, there have been more non-family households whereas in Southeast Asia, households consisted of family members. This illustrates a significant change within Hmong household dynamics and adjustment issues for the older Hmong population. Researchers noted the importance of recognizing factors related to difficulty adjusting to a foreign culture to improve services and programs for the Hmong community. According to Hein,

International migration and racial and ethnic hierarchies produce distinct forms of inequality: the unequal allocation of social rewards and social problems. Migration can lead to inequality between newcomers and natives, while a racial and ethnic hierarchy leads to inequality between minority and majority groups […] Hmong refugees in the United States confront inequality as migrants and as a minority. (Hein, 1994, p. 285)

The Hmong experienced adversities other ethnic groups do not as a result of the different life the Hmong lived in Laos and “urban America” (Hein, 1994, p. 285). In Laos, the Hmong were a group of people who did not develop the use of writing nor did they have experience manufacturing goods and services (Hein, 1994). This suggests the Hmong’s agrarian background unprepared the Hmong for a literate and industrialized land.

Pfiefer and Thao (2013) report that, through a preliminary study Yang (2009) found that many Hmong families from highly populated regions such as California,
Minnesota, and Northeastern U.S. moved to Alaska for assorted reasons. These reasons include moving to Alaska “to remove their children from perceived high-risk areas [and] a lack of jobs during the recent economic recession” (Hmong National Development, 2013, p. 20). As stated by Vang (2013), the Hmong’s employment challenges and disparities “require that job training policies at the federal, state, and local level include measures to build their skills to enter other industries” (p. 28). He notes it is important to provide assistance in a method that will help workers find a job where their skills are transferable.

Policy initiatives at state and federal levels must include resources not only for job creation, but also job training. Education programs to guide and train individuals for growing industries will help to ensure that Hmong Americans have the skills to meet future job demands. (Vang, 2013, p. 6)

Hmong National Development (2013) explained that Hmong people living in neighboring states of Southwest Missouri, Northwest Arkansas, and Northeast Oklahoma had encountered various issues including ethnic and racial strain. Hmong National Development explains the Hmong moved to these neighboring states as an outset to farm poultry and cattle, however many attempts had been unsuccessful. Thus, the Hmong need skills to improve “business and management skills, access to capital, and access to agricultural resources” (Hmong National Development, 2013, p. 20). To address the racial and ethnic strain in Southwest Missouri, Northwest Arkansas, and Northeast Oklahoma, Hmong National Development (2013) suggested that national advocacy groups explore avenues to help the Hmong to ease racial
tensions and bring a cross-cultural awareness “with the mainstream society while also building the knowledge, personal capital, and resources necessary to successfully run small farms” (p. 20). Hmong National Development (2013) states:

There is […] a significant need for additional funding to support rural development programs and culturally and linguistically appropriate outreach in terms of youth programming, health disparity reduction, and economic development initiatives among rural Hmong communities in locations such as the tri-state region of [Missouri, Arkansas, and Oklahoma ], as well as the Carolinas. (p. 20)

Presently, there are concerns about the absence of research on health and mental health issues that affect the Hmong community. As there are high occurrences of identified illnesses, researchers studied the Hmong community to explore factors that contribute to high rates of illnesses. Hmong National Development suggests the Hmong who reside in a region of an increasing Hmong population are in need of “targeted educational, health and social services as well as programming to promote cultural awareness and cross-cultural understanding with other local populations” (Hmong National Development, 2013, p. 19). It is believed that low-income students who utilize academic support programs such as Head Start and Federal TRIO Programs will have greater educational opportunities compared to those who do not have access to or those who do not utilize such programs (Xiong, 2013, p. 33). It is also believed there is a need to teach the Hmong community advantageous skills in other industries and professions to attain self-sufficiency.
Programs for the Hmong Community

Hmong National Development

Few programs were created to meet the needs of the Hmong community. A widely known organization that had created many programs for the Hmong community is Hmong National Development. Hmong National Development (HND) is a national not-for-profit organization that provided the Hmong community non-profits with opportunities to enhance their capacity (Hmong National Development, Inc., 2015). HND had advocated in Washington DC for legislation that affects the Hmong community. Additionally, they educated the Hmong youth through their "DC internship programs and local youth empowerment programming models" (Hmong National Development, Inc., 2015, para. 1). HND utilizes "education, research, policy advocacy, and leadership development" to empower the Hmong community to attain prosperity (Hmong National Development, Inc., 2015, para. 1).

Merced Lao Family Community, Inc.

Merced Lao Family Community, Inc. (MLFC) is a non-profit organization that had been in operation since the early 1980's. Lao Family was created during the influx of Southeast Asian refugees in the Central Valley of California, "to help Asians and refugees in Merced County mainstream social, cultural, educational, health, economical, employment and self-sufficiency in the America" (Merced Lao Family Merced, Inc. 2015, para. 1).
Hmong Women's Initiative

The Hmong Women's Initiative (HWI), an organization created by Merced County Human Services in partnership with Merced County Office of Education and Dignity Health, is led by Hmong professionals in Merced County that developed workshops to provide the Hmong community in Merced, CA with important and relevant information about services available, health and mental health concerns, cultural preservation, education, and empowerment (K. Vang, personal communication, 2014). Although the Hmong are a minority group that gradually learned to seek services, the needs of the Hmong community remain unclear with regard to health and mental health, education, and occupational knowledge, awareness, and services (Hmong Women's Initiative, 2014). They are a minority group that have slowly, however increasingly, learning approaches to achieve higher education, higher paying jobs, and acculturate to the American customs. The Initiative ultimately serves to provide information for the Hmong community that will lead to the safety and well-being of their children and family (Merced County Human Services, n.d.). The workshops provided information regarding health and mental health concerns, available services within the community, and empowerment for the Hmong people to achieve greater things such as higher education and taking leadership roles (K. Vang, personal communication, 2014).

Summary

The purpose of this literature review was to gain a better understanding of the Hmong's struggles and needs living in the United States. The Hmong come from a
completely different background than that which is valued in America and do not completely understand the American culture, values, and beliefs. There are noted cultural challenges, adjustment issues, educational and occupational difficulties, and lack of services. This literature review also examines what researchers already know about the research questions and what further questions need to be explored. Organizations and programs created to address the needs of the Hmong community were discussed to explore existing services for the Hmong community. In conclusion, the Hmong's resettlement as well as their struggles and needs are discussed in this literature review with the intentions of providing background information about existing research that may correlate or contrast with the findings of this study.
CHAPTER III

METHODOLOGY

Overview

There are existing programs available for the Merced, CA Hmong community members to utilize in order to address their needs; however, it is unclear if the needs of the community are being addressed. The Hmong community comes from a unique background and has utilized various services to accommodate living in the United States. It is important to identify the community members' needs to help the Hmong address the difficulties they face by providing them with appropriate resources and services to improve the quality of their lives.

This study was an exploratory qualitative ethnography that examined the Hmong community's perspective about their needs living in the United States. The purpose of this study was to identify the difficulties the Hmong face in the United States and discover effective services that address their needs. This study explored the following main question: What are the difficulties and needs of the Hmong community members in Merced, CA.

Design

An exploratory ethnographic design was used to explore the participants’ difficulties and needs concerning areas such as physical and mental health, health insurance coverage, educational and occupational attainment, finances, cultural and gender issues, and self-care. In the study, face-to-face interviews were conducted to
explore, in detail, the participants' struggles as a minority and the difficulties and needs that should be addressed. The rationale for conducting a qualitative study was because a qualitative study would allow the interviewer to probe deeper and to reform questions when necessary to provide a smooth flow during the interview. Additionally, a qualitative study allowed the interviewer to add and ask a new question following a participant's response.

**Sampling Plan**

The participants in this research study were Southeast Asian Hmong community members currently residing in Merced, CA. Each member was interviewed at a time and location at the convenience of both the participant and interviewer. All participants were adults over the age of 18. The rationale for choosing participants over 18 years old was to obtain the perspective of an age group that were able to independently access services. In addition, this study also examined the needs of adults as there were different generations between participants who could have different experiences relative to their age and social experiences. Participants were English or Hmong speaking. The rationale for choosing participants who were Hmong was to solely obtain the struggles of Hmong community members. There were no other specifications to limit members from participating in the interviews.

This study used a non-probability approach, using both purposive and snowball sampling. The researcher recruited participants through personal contacts. In addition, participants were asked to recruit additional eligible members for the study. Participants were provided with the researcher's contact information to
distribute to other individuals who met the qualifications of the study. All participants who agreed to participate in the interview were asked for their contact information to schedule a convenient time and location for the interview.

Data Collection and Instrumentation

This exploratory study employed semi-structured interview questions to generate information from the participants about their current difficulties and needs. The researcher conducted the interviews and data collection. The participants were informed about the location and time of the interview. Additionally, participants were informed that the duration of the interview would take up to an hour. The interview was conducted at a location where both the participant and interviewer felt safe and comfortable to allow a trusting environment so the participant was able to disclose freely and openly.

The participants were asked if they preferred the interview to be conducted in Hmong or English. The interview was available in English and Hmong because there are many members of the Hmong community who are monolingual and only speak Hmong. Providing interview questions in the participant’s primary language was intended to allow the interviewer to obtain more accurate information from the participant and allow the participant to disclose experiences, difficulties, and needs with ease. The interviews were facilitated by an interviewer with the ability to speak both English and Hmong. The data collected from the interviews in the Hmong language were transcribed into English. In addition, the interview questions in Hmong and English were provided in the Appendix A (English) and B (Hmong). The
interviews were face-to-face and the questions were open-ended to explore the experiences, adversities, and needs of each participant. The questions explored the participants' difficulties and needs regarding physical and mental health, health insurance coverage, educational and occupational attainment, finances, cultural and gender issues, and self-care. The questions also explored other concerns the participant might have had.

A tape recorder was used to record the interviews so that the interviewer could refer back for detailed information and also allowed the interviewer to focus more on the interview rather than taking the time to write down the information. The interviews were transcribed in English. After the interviews were transcribed, the tapes were erased to protect the confidentiality of each participant.

Each interview was approximately an hour long, depending on the participant's openness and background. A weakness in this study was the amount of time spent for each interview. Time was essential for an in-depth exploration of the participant's hardships and needs. A one-hour interview only provided enough time to briefly discuss their understanding as it took time for participants to openly answer questions. As an effort to explore in-depth adversities and necessities of the participant, the questions asked were open-ended. The interview questions were flexible and guided by the flow of the conversation in order to provide an opportunity for the participant to freely disclose difficulties and needs.

The interview questions also explored the participants' age, years living in the United States, and level of education. These demographic questions were addressed
in the interview questions to explore the factors that could contribute to the different experiences participants may have in the community. The interview questions were guided by the participants' experiences, struggles, and needs. The questions were asked to explore the main research question: What are the difficulties and needs of the Hmong community members in Merced, CA.

**Plan for Data Analysis**

The data analyzed were gathered from each participant's responses to the interview questions. The researcher independently analyzed all the data. All of the interview responses in Hmong were transcribed word for word. The transcribed responses were translated into English by the researcher. The translation from Hmong to English was conducted to insure that answers were kept as close as possible to the participants' intended meaning. The data were categorized by experiences, difficulties, and needs. The process of organizing the data into categories was conducted by the researcher.

The data were presented in themes, patterns, and trends using verbatim quotes to illustrate each theme. This was managed through Neumann’s (2003) five part plan for qualitative data analysis. The five parts include: Sorting and Classifying, Open Coding, Axial Coding, Selective Coding, and Interpreting and Elaborating. The data collected were organized into themes guided by the interview questions. Following the collection of themes, the researcher examined the data to locate themes and assign initial codes to narrow the data into categories. Next, the researcher dissected the data for key terms and events. The themes were created based on the research questions,
literature review, and the terms used by the participants. The data were reviewed again and new themes were added if necessary. The themes and key concepts were organized and grouped. The researcher scanned over the data and previous codes to look for data that illustrate themes. The major themes and categories were related to past research associated to the components of this study. The researcher also looked for comparisons and contrasts. Ultimately, the researcher provided an explanation for the findings.

**Protection of Human Subjects**

The researcher asked personal contacts who agreed to participate in the study to fill out a contact form. The contact form included individuals' names and a phone number where they could be reached. Once the contact form was completed, the researcher contacted the participants and scheduled an appointment date, location, and time for the interview. The researcher also asked participants to recruit eligible members by asking those members to complete a contact form.

The interviewer provided participants with an informed consent form to sign signifying they agreed to participate in the study. Additionally, the informed consent form provided a brief explanation about the purpose of the study. The informed consent form provided contact information for the student and student's Faculty Thesis Chair in case the participants had further questions about the study and their rights as a human participant in this study. The informed consent forms were available in English and Hmong (see Appendices C & D) to ensure participants understood their rights. The interviewer explained the informed consent form to each
participant in their primary language before asking the participant to sign the informed consent form. The interviewer answered all questions the participants had about the study. The interviewer asked each participant for permission to audio tape the interview. The interview was taped for the purpose of data collection to allow a smooth flow throughout the interview process. In addition to recording the interview, the interviewer made hand written notes to record additional information. If the participant did not wish to be audio taped, the interviewer conducted the interview without taping. The interviewer made hand written notes for each interview that was not tape recorded. Participants were asked to sign the informed consent form, only if they agreed to participate in the study. Participants who signed the informed consent form were provided a copy of the informed consent form. The interviewer kept the copy of the signed informed consent form. Participants who did not agree to participate in the study were excused.

There were no foreseen risks or harm expected from this study. The researcher informed participants they might feel emotional discomfort when discussing demographic questions, experiences, struggles, and their needs. To minimize any chance of harm, the researcher assessed disclosures for potential threats to the participant. In the unlikely event that a participant would be affected by the interview or this study, the interview would had been discontinued. The interviewer reminded the participant that the student and student's Faculty Thesis Chair contact information was provided on the consent form should they have any questions at a later time.
The researcher stored the consent forms in a secure location until the thesis was complete. Once the thesis was complete, the tape recordings were deleted and the contact information was destroyed. Prior to the collection of data, this research was reviewed for approval by the University International Review Board at California State University, Stanislaus.
CHAPTER IV
RESULTS

This study focused on understanding the perspectives of Hmong community members and their struggles and needs. Data from seven semi-structured interviews were analyzed and categorized into thematic concepts. These concepts are presented in this chapter as an effort to answer the research questions posed for this study. This study sought to identify the struggles of Hmong community members living in the United States, as well as their current needs, in order to improve the quality of their lives. In order to understand the Hmong's current condition, past and current struggles were explored. Additionally, services and programs the participants utilized were examined. Finally, this study examined the Hmong community members’ perspectives on further services and programs that could be created in an effort to improve the quality of their lives and the lives of the Hmong community.

Demographic Information

A total of seven Hmong community members in Merced, CA participated in this study. Of the seven participants, there were four female participants and three male participants. The participants ranged in age from 22 years old to 51 years old, with the mean being 32 years of age. Of the seven participants, four (57%) of the participants were married while three (43%) participants were not married. All of the participants were parents. They had between one and eight children, ranging in age
from one year to 28 years of age. All the children of each participant were born in the United States.

Of all the participants, three participants were born in Laos (2) or Thailand (1), and four participants were born in the United States. All participants had resided in the United States between 21 years and 35 years. One participant born Laos and another in Thailand received between one and three years of education in Laos or Thailand, where they learned to read and speak Hmong and English. One participant born in Laos did not receive any formal education in Laos. Of all the participants born in the United States, six participants received their high school diploma and one participant received the General Education Diploma. One participant obtained an associate’s degree and four participants obtained a Bachelor’s degree.

All participants had been recipients of public assistance from the welfare system at some point in their lives. One participant was currently utilizing services through the welfare system and health insurance. Six participants currently received health insurance through work or a family member.

Of all the participants, five held a job and two were unemployed. Four participants made between $2,000 to $3,000 per month through employment, and one participant made $700 per month through employment. One participant did not work and had no source of income, and another participant received CalWORKs as a source of income.
Experiences with Struggle

Participants were initially asked to describe the struggles they had experienced. This question examined the hardships participants had experienced living in the United States. Some participants disclosed having more than one struggle. The participants’ responses highlighted struggles with English, financial hardships, discipline and family dynamics, and no needs.

English

Three participants emphasized their struggle with learning English. One foreign-born participant disclosed that the only struggle experienced being in the United States was learning English. A foreign-born participant expressed an ongoing struggle from elementary school and is continuing to current day with English. Another U.S born participant commented “also, being somewhat bi-lingual, I still don't know English fully. It's hard to find jobs or to do something hard because when people speak to me, it's hard for me to understand what they are saying.” Five participants did not disclose a struggle with English.

Financial Hardships

Three participants agreed that money was a necessity to not only live in the United States but to survive in general. One participant expressed the sorrow of not having enough money to travel and experience outdoor activities with the family ever since childhood to adulthood. Participants expressed the grief of worrying about whether the family would have enough money to buy food and pay rent. As one participant emphasized:
I have financial need and debt of bills. I don't have money to buy a decent family car. I struggle with buying food for my family. I don't have enough money to put gas into the car to take my kids to the doctors for emergencies. I also struggle with buying clothes for my kids and myself, diapers, and having transportation. If my kids are starving and I don't have food, I will have to go get food at my mom's place so I can make sure my kids have food.

The rest of the participants did not disclose financial hardships.

**Discipline and Family Dynamics**

Two participants expressed struggles and worry that raising children in the United States was difficult due to living in a different government and land. One participant believed that providing appropriate parenting skills would increase the likelihood that her children would grow to be “good” children. The participant disclosed “when I raised my children, what is hard is trying to find ideas to teach and discipline my kids so they will be good people when they grow up.” Another participant disclosed of having hardships within the family for a long period of time. The rest of the participants did not disclose issues related to discipline or family dynamics.

**No Struggle**

One participant expressed gratitude and success living in the United States. This participant disclosed having no struggles from the time of arrival to the United
States due to arriving at such a young age and being able to complete educational goals and obtain a job.

Perceptions of Individual Needs

Participants were asked to describe their current needs based on their experiences. This question was intended to explore the needs of Hmong community. The responses from five participants reflected three themes including needing education, financial concerns, and issues related to family bonding. Three participants replied they did not have any needs at the moment.

Education

Two participants reported their current needs were to be more educated. They expressed the need for further education in order to obtain a better job to improve the quality of their lives and the lives of their families. One of the participants felt the need to improve skills in communicating in English. This participant commented, “ESL was great in elementary school, but I feel like that wasn't enough. In college, the class did help. But I need more educational support, like a one on one with a teacher.” According to one participant, being provided with childcare for her children would give the participant the opportunity to obtain higher education to get a job.

Finance

The need for money was disclosed by two of the participants. One participant disclosed that age was an issue and had a belief that he or she would not be able to explore educational and occupation opportunities due to being “too old.” The participant explained that money was needed and he or she was willing to find a job
to support the participant's family. The participant emphasized that having just enough to provide food and clothes for the family would suffice. Another participant illustrated a critical concern regarding the need for money: “When my kids are sick and I don't have money, it affects me and my kids because I don't have the right medication for my kids. I sometimes have to borrow money from relatives and then I struggle because I can't pay them back.”

**Family Bonding**

One participant reported the only need was for the participant's family to have time to gather and spend time together. The participant expressed that although family members had to work to survive, it would be nice for everyone to live near one another so that they “could all gather together to share one meal as a family” whether it was a good meal or not. The participant also commented on the importance of wanting for the “family to be in unison and do everything while having a peace of heart.”

**Perceptions of Community Needs**

All the participants were asked to describe their views about the needs of the Hmong community. All participants agreed that the majority of the Hmong community members experienced hardships. One participant expressed that some Hmong, “mothers and fathers work too hard and do not have the time to gather together to bond with their children.” There were also concerns that community members were not interacting with one another or with distant relatives due to being constrained with working to provide for the family. One participant pointed out that
because of working so hard to provide for their families, “there is also no time for parents to discipline their children anymore. Some children are able to take a positive role and some children are not able to take a positive role and are involved in gangs and drugs.”

Education

Some participants expressed that lack of education was an area of concern. One participant stated, “us Hmong are not smart.” The participant expressed the need for Hmong to have access to education to “catch up” to the rest of the population. The participant noted, “As Hmong people, we don't have good education like American people. We have to work from the bottom up. We're from another country, learn another language so we can speak that language to get to a better level.” One participant mentioned the Hmong needed to be educated and learn English. Additionally, the participant added that the Hmong need to learn to be good people according the American standards of a “good person.”

Services

Some participants noted that there was a need for more services for the Hmong community. One participant noted that many Hmong families struggle with financial needs, and “Hmong people need more services to help families who have low sources of income. They also need services to find jobs.” Another participant advised that a resource center for the Hmong where services implemented are provided by Hmong people as well as workers of different ethnicities and race would be a good idea. This participant commented:
Any resource, like a resource center for Hmong people. But I understand a lot of Hmong people don't like to go to places like that because Hmong people are very bonded together kind of, so when they go to that place, people's going to be like, 'Oh I know this person.' If this was to be created, I would prefer the staff to be multi-cultural and have staff of different ethnicity so if a Hmong person does not want to talk to a Hmong people, I can talk to somebody else. Or if a Hmong person who only speaks Hmong and wants to talk to a Hmong person, they can still go there. Like for example, for mental health, you know that when you're stressed you go to mental health, or so and so does not have food for the child, you call CPS. But what if something out there that we have never thought of happens? I want the Hmong people to have a resource center so they can be guided in the right direction.

Some participants expressed the need to build trust between the Hmong community and the government. Other participants wished for better communication and understanding between the Hmong community and other Hmong members as well as other ethnic and racial groups. Participants believed there was a good deal of miscommunication due to the cultural and language barriers. One participant commented:

I feel like what the Hmong community in Merced need the most is to be more open-minded. They are still closed minded because of the
culture, where if it's not their ethnic race, they don't want to reach out for help. Growing up, my parents were like that too. They were concerned and afraid and did not like that help of a person who was not Hmong. That influenced me not to hang out with other people not Hmong. But I have learned to break out of that shell.

One participant expressed sorrow of being forgotten after the Vietnam War and the need for additional services. The participant disclosed, “I feel like Merced County has enough resources to help a wide range of ethnicity and minorities. But I feel that even though the Hmong helped the United States with the war, we don't get enough assistance and lack help from the community when compared to other ethnicities. It's kind of like we're forgotten.”

**Services and Programs**

The participants were asked to describe past and current services and programs utilized to support their well-being and how those services and programs improved the quality of their lives. These questions explored services participants had used or were currently using in an attempt to understand services and program that had been effective. All of the participants disclosed they had at some point of time in their life, utilized some type of service intended to improve the quality of their lives. The services utilized by the participants were illustrated into four themes including welfare services, educational services, Women, Infants, and Children (WIC), and health insurance.
Welfare Services

All participants disclosed they had been recipients of the welfare system, either by being the primary recipient or through their parents. Two participants disclosed utilizing the CalWORKs and CalFresh program through the welfare services at Merced County Human Services Agency as the primary recipient. The participants who used these services noted that they were of great assistance. One participant commented, “I received welfare through the government for two years when I was in college, for Food stamps and Cash Aid and Medi-Cal, to help me start my life which helped me and my family's well-being and we did not suffer and were provided with food and shelter.” Another participant noted that without welfare services, “we could have been homeless or starved. It has provided me with a positive environment to continue my education.”

Educational Services

Four participants utilized tutoring and English as a Second Language (ESL) services provided through school. One participant noted that tutoring services helped the participant complete academic studies and understand government policies. Some participants utilized financial aid and noted they were able to obtain their Bachelor's Degree with the assistance of financial aid.

Women, Infants, and Children (WIC)

Three participants had utilized WIC services for themselves and their children. The participants disclosed WIC services were of great assistance and contributed to the health of their children. One participant noted, “WIC helped me
during the time I did not finish school and did not work. It provided me with milk and food for my children which helped me raise my children. I didn't have to worry about my children not having formula and milk.”

**Health Insurance**

Four participants disclosed their health insurance was provided through their employers. Two participants received health insurance through the government. One participant received health insurance through her partner's workplace.

**Additional Services and Programs Desired by Participants**

Participants were asked about further programs and services they would like to see created to meet their needs. Participant responses reflected themes of monetary services, educational and occupational opportunities, and translator services.

**Educational and Occupational Opportunities**

Five participants disclosed a desire for further educational and occupational opportunities. Four participants were interested in continuing their education. One participant expressed the desire for a program that would provide opportunities to travel and explore other fields of practice while still studying a particular degree. This participant noted, “I would like a service created to help me explore opportunities to expand educational and work experiences in an environment different than one specific field. I would like to physically travel while being able to exploring different aspects of the world while working on my degree. To see more than just what I'm studying.”
Monetary Services

Four participants desired additional services that would provide monetary assistance. One participant illustrated hardships and needs after being laid off:

I would like a program like EDD [State of California Employment Development Department] to extend their assistance. Because I worked for 10 years before being laid off and after that, I was only provided with six months of help. It didn't even help me at all. They say they don't have money but instead they should extend it until I find a job. Others who work for one or two years but when they get laid off received more than what I received because Obama said there wasn't any more money. It's not fair. They should base it on the amount of years the unemployed worker worked before being laid off.

The rest of the participants each desired a different service need, still related to finances. One participant questioned whether there were services for students. This participant and another participant disclosed the need for a program that would provide monetary assistance so they would be able to plan and engage in outdoor activities with their families as well as being able to provide diapers and baby formula for their children. Three participants disclosed they were content and did not want or feel they needed any further programs or services.

Translator

One participant discussed the struggle to understand when requiring a service from someone who does not speak Hmong. The participant suggested that in order to
understand what is being conveyed by a non-Hmong speaking worker, there is a need for more Hmong translators.

**Hmong Community Knowledge about Services and Programs**

The participants' perspectives about the Hmong community's knowledge about services and programs available in their community was explored. This question examined the Hmong community's knowledge of available services and programs in the community. Many of the participants felt the Hmong community had some knowledge of available services. Two participants felt 80% to 90% of the Hmong community had knowledge about welfare services concerning CalFresh and CalWORKs. Some participants felt that although the majority of the Hmong community had knowledge of services, there were some who did not have any knowledge about the services that were available.

Some participants felt the Hmong community had some knowledge but did not reach out to access the services due to various reasons. These reasons included the lack of Hmong workers, lack of trust, and lack of translators. One participant said, “They have knowledge about services but do not reach because there is no Hmong worker in the agency. They probably do trust their kind more than other ethnic groups.” Other participants felt Hmong community members only had little knowledge of services and felt uncomfortable to access services because there was a lack of information provided to the community. One participant commented that the Hmong only knew about a specific service when they heard about it from another Hmong family who had already utilized the service. This was illustrated by a
comment by one participant: “Some know because their friends refer the services. Some don't know because no one tells them about it.” One participant felt the Hmong community did not have enough knowledge about available services. The participant stated, “I think their knowledge is not so much. Because majority of the older generation to me they don't know where to go. For example, I remember one of the mother had her daughter-in-law call me and it turns out she had no clue where to look for jobs.”

**Further Services and Programs Needed**

Participants were requested to discuss further programs and services they would like to see created to meet the needs of the Hmong community as a whole. This question examined participants’ perspectives about what types of services and programs needed to be created to improve the quality of lives within the Hmong community. The responses received from the participants varied.

**Higher Education, Occupational Attainment, and Community Trainings**

Many participants notes there were many programs and services in Merced; however the Hmong community lacked programs tailored to their needs of attaining higher education or obtaining a job. Participants requested services that, “teach the Hmong to achieve higher attainments.” One participant suggested opening services for those who had no work experience and to have a service to help the Hmong gain experience to help them find jobs. The participant also emphasized the community’s need of services “for us to continue our education. For us to have a good job, we need a good education. I want services to help students go through college.” Another
participant emphasized the need for training for the younger and older generations. Offered were suggestions about separate trainings, a training for the young generation to learn about the Hmong culture, how to find jobs, and interviewing skills. For the older generation, advice included learning English and acquiring education. This participant also expressed the effectiveness of tutoring programs for the general population and suggested a tutoring program be created for the Hmong community.

**Community Resource and Outreach Center**

The need for outreach programs was echoed by many of the participants. Participants emphasized the need for outreach programs to connect the Hmong community with available services “so they would be more comfortable to use agency services.” They also noted a need for services to build trust with the Hmong community in order to provide a sense of comfort and ease should Hmong community members access such services. The participant suggested a place where the community could go to and seek help, much like a community resource center. Additionally, participants articulated the need to learn about services and develop communication skills to understand how to interact appropriately with the Hmong and American society. Another participant reiterated the need for a resource and outreach center that could provide information about any type of service available that the Hmong community could access. This participant argued that the Hmong community did not have knowledge of every service and program available and believed that creating a resource center that provided such information would benefit the Hmong community.
Younger Population

Some participants disclosed the need for services associated with the younger Hmong population. Two participants agreed there was a generation gap that distanced the young and older population. One participant illustrated the gap between the young and older population and the need for successful Hmong to contribute back to the Hmong community:

Even though we have been here for a long time, sons and daughters who have received a high education does not give back to their Hmong community and parents continue to live in the old lifestyle. Children nowadays want the American lifestyle whereas the older generation still live in the old style back in Laos which causes a gap. There is not bridge to connect the two.

The participant continued to explain there was a need for services that prompted the younger Hmong generation to take leadership in order for the Hmong community to achieve higher attainments as a whole. This participant noted, “we have to let the younger generation of the Hmong lead us because if we continue to allow the older generation lead us, we will only remain where we are and will not achieve higher attainments.” This participant also disclosed the need for young Hmong men and women to teach parents to understand the modern society and to adjust their current lifestyle to fit the current norm society has set, “and not live like the lifestyle of the past, so that we can catch up to other groups.” Another participant noted that there were limited services for the younger population and instead, services had been
focused on only the older generation. Services or programs tailored to the needs of the younger generation to teach them about critical information affecting their daily lives such as the government and politics were requested. One participant stated:

The government helps too but we need something more for the younger people that is not just for the elders to gather. A lot of younger generation don't understand the laws, why don't we teach them in Hmong if they don't understand it in the language they understand. Why don't we have a station supported through the government, for the young generation to gather and talk about benefits, insurance, and provide tutoring services.

Social Media

One participant proposed the need for social media for the Hmong so that the Hmong would feel a sense of belonging in the community. Additionally, the participant suggested having a translated newspaper for the Hmong community. Many of the Hmong community do not fully understand English, and this participant believed providing a translated newspaper would notify the community about upcoming events as well as community and national news.

Summary

All participants were in agreement that the Hmong community was in need of services and programs to improve the quality of their lives. The suggestions received from participants were a reflection of the experience of participants within their community. The responses reflected struggles of learning English, financial issues,
and concerns within family dynamics and discipline. Participants disclosed the need for family to spend more time together. They also reported needs for further education, to learn English, and childcare. Some participants noted a need for financial assistance. The participants were in agreement the community needs further education and services. It was inconclusive whether services provided should be provided by Hmong staff alone or a diverse staff. Many of the participants echoed the desire to see educational and occupational opportunities and services. Participants also noted the need for monetary services and translation services. From the participants’ perspectives, the Hmong community as a whole was in need of services tailored for the younger Hmong population to give back to their community, learn about their culture, and learn about government and politics. Again, echoed was a need for higher education and occupational attainment. Another need disclosed by participants was the community’s need for trainings. Lastly, participants emphasized the need for a community resource and outreach center.
CHAPTER V
DISCUSSION

With various difficulties since their arrival to the United States as a refugee group, the Hmong are gradually moving toward higher education and occupational attainment. Although there is evidence of slight movement toward better living conditions, the Hmong are still the Southeast Asian group reported as having the lowest education and occupational attainment compared to other Southeast Asian groups (Sakamoto & Woo, 2007). This being said, the struggles of the Hmong community members were explored to understand the needs and further services to be created in order to improve the quality of their lives.

This chapter presents a summary of the major findings from this study associated with struggles and needs of the Hmong community. The findings from this research indicate that the Hmong community members struggle with educational and occupational attainment, learning English, and financial hardships. Similarly, many of the participants reiterated the need for services tailored to educational and occupational attainment, learning English, monetary assistance, and the creation of a community resource and outreach center. Also discussed are the implications for social work practice, limitations, and recommendations for future research.
Major Findings

English and Educational Attainment

Many participants disclosed struggles of learning English and barriers for continuing their education. The findings from this study support earlier literature (Vang, 2003) that the Hmong struggle with education due to their agrarian background, especially since only a small number of Hmong received formal education prior to their arrival in the U.S. (Weinberg, 1997). The findings from previous research reveal that Hmong parents note education to be important (Timm, 1994), which correlates with findings in this study. The importance of learning English and obtaining higher education were echoed among the majority of the participants. The findings in this research reveal that participants are interested in continuing their education; however, being in a lower socioeconomic group and having linguistic barriers prove to be obstacles in achieving such dreams (Manalo, 2011).

It is apparent that the Hmong's educational attainment is improving; however, this study revealed there are some who face obstacles in obtaining a Bachelor's degree. The findings from this study support earlier literature (Xiong, 2013) that fewer than three percent of Hmong possess a master's degree or higher. The findings from this study reveal a need for continued assistance with learning English and services for continuing education. The intent of obtaining higher education is to open opportunities to enter better employment positions. Echoed was the need for services that could provide information about educational attainment and tutoring services.
Occupational Attainment

Earlier literature (Sakamoto & Woo, 2007) pointed out that refugees are more likely to have lower socioeconomic statuses, as they are employed for their labor market skills. This study found that the majority of the participants were employed in a position requiring labor. Results from a study conducted by Garcia and Harris (2001) revealed that ethnic minorities faced the highest numbers of barriers entering the workforce. Of Asian groups, Hmong and Laotian refugees were groups at highest risk for failure. This study found that some participants were unemployed, received welfare benefits, or received less than $700 per month. This finding supports the notion that the Hmong are one of the most frequently recognized groups associated with having low economic status (Sakamoto & Woo, 2007). This research reveals findings supported by earlier literature (Kalil et al., 1998), that the Hmong had low levels of education, little work experience, lack of job skills, lack of employment readiness, and worries about employer discrimination. These obstacles prevent the Hmong from many employment opportunities. The findings of this research reveal a need to improve the percentage of Hmong employed, as earlier literature (Vang, 2013) shows that a higher rate of Hmong experience poverty and that their incomes fall behind the general population. Creating services to meet the occupational needs of the Hmong community would provide windows of opportunities for the Hmong to receive employment and improve the quality of their lives.
Financial Hardships

Personal and community financial hardships were echoed among participants. This finding is consistent with a report (Vang, 2013) exploring the annual median income of Hmong men and women. Additionally, the report supports the findings in this study revealing Hmong men with higher income compared to Hmong women. The findings of this research reveal that all the participants and many Hmong community members utilized welfare benefits for financial assistance and food assistance at least once. Studies (Pfeifer, 2003; Vang, 2013) support the notion that the Hmong community utilized and relied on public assistance to meet their needs as a means for survival. Participants stated a need for monetary aid in order to provide for the basic needs of their family. Additionally, many of the participants emphasized their desire to “catch up” to the rest of the population. This finding is also consistent with research by Vang (2013), revealing that 25% of Hmong community members are living in poverty, whereas 11% of the general population live in poverty.

Community Resource and Outreach Center

The findings from this study reveal that the lives of the Hmong improved due to the availability of services such as CalWORKs, CalFresh, Medi-Cal, WIC, and educational services such as tutoring, ESL, and financial aid. The participants voiced their perspectives about needing more services that would improve the quality of their lives and the lives of the Hmong community. More importantly, the need for a community resource and outreach center was echoed by many participants, with intentions to better inform the community about existing services available in the
community. Additionally, the need for Hmong staff as well as a diverse staff to work in the resource and outreach center, as well as in other services and programs, was reported. This finding is supported in a research study by Saewyc, Solsvig, and Edinburgh, (2008), which revealed a lack of communication was a cause of frustration for agencies addressing issues and obstacles for the Hmong.

**Implications of the Major Findings**

**Practice**

The findings from this study will help social workers understand how to work effectively with Hmong families. Social workers working with Hmong families need to be aware of the cultural differences and establish trust and communication with the Hmong community. It is important to develop trust with the Hmong community, as trust is required in a relationship. Without trust, Hmong families will not reach out to services to improve the quality of their lives. The social work profession is dedicated to improving the quality of lives of those persons served. It is important for social workers to educate themselves about the Hmong, as a refugee and a collective group, so they can be well informed as to how they can reach out and solicit the involvement of the Hmong community. Social workers need to examine current services and programs and make improvements to better serve the Hmong community.

Furthermore, social workers need to better inform Hmong families about existing services available that provide for their needs. Social workers should advocate for the creation of a community resource center that would benefit the Hmong community and improve the quality of their lives. Lastly, services need to be provided by Hmong
workers and a diverse staff, as some Hmong members are more comfortable utilizing services while working with a Hmong worker.

**Policy**

Developing a cross-cultural understanding about the Hmong community will help social workers, researchers, and policy makers better understand the Hmong culture, develop clearer communication, and make advantageous and effective decisions when creating or amending policies, regulations, services, and programs. Social workers, researchers, and policy makers need to be made aware of the Hmong's low rates of educational and occupational attainment. More importantly, social workers need to advocate for new services, programs, and policies that improve the lives of the Hmong population. Social workers need to examine current policies and determine whether they need to be amended. Specifically, social workers need to work on the macro level advocating for a livable wage, affordable housing, and access to affordable higher education. Social workers cannot simply be guards of the system—they must change the system. Researchers and policy makers need to examine and identify prevalent issues within the Hmong community and create services and policies in order to assist the Hmong and prevent disparities.

Furthermore, social workers should examine policies and advocate for change to ensure the safety and well-being of the Hmong. Additionally, it is important for social workers to ensure the Hmong earn a livable wage and that fair employment practices are in place. Due to the low socioeconomic status of many of the Hmong community members, most needed are the voices of social workers who advocate
affordable housing and access to affordable education for the Hmong in order to improve the overall well-being, educational and occupational attainments, and needs within the Hmong community.

Limitations of the Study

Due to the qualitative nature of this study, this study consisted of a small sample size and does not represent the entire Hmong community. The findings of this research cannot be generalized to the larger Hmong population. Additionally, participants were contacted through personal contacts and snowball sampling; thus, similar characteristics and socioeconomic statuses could be shared. This qualitative study was not able to explore every struggle and need as there could be many. Instead, the study focused on the most pressing struggles and needs of participants and the Hmong community. Furthermore, interviews conducted in Hmong were transcribed and translated in English to the best of the researcher's ability. The limitations in each languages creates difficulty when translating one language into another.

Recommendations for Future Research

This study explored some of the critical struggles and needs of the Hmong community; however, the sample size does not represent the entire Hmong population. A larger sample size may provide more accurate results about the community's struggles, needs, and services and programs to be created.

Future research may benefit from recruiting Hmong community members of all socioeconomic statuses. This may assist in understanding what members from low
socioeconomic statuses need. It may also explore further struggles and needs of middle class members. Lastly, examining the struggles and needs of the middle-class and upper-class Hmong will help identify the factors that helped them toward higher educational and occupational attainment. Understanding all factors will contribute to further knowledge and implications for the creation of further service, program and policy to improve the living conditions as well as educational and occupational attainment of the Hmong population.
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APPENDIX A

INFORMED CONSENT (ENGLISH)

You are being requested to participate in a research study conducted by me, Aimee M. Xiong. I am a graduate student in the Master of Social Work Program at California State University, Stanislaus. In order to fulfill requirements for a Master’s Degree in Social Work at CSU Stanislaus, I am conducting a research study to explore the difficulties and needs of the Hmong community in Merced, CA. If you decide to participate in this study, you will be asked a series of questions with the purpose to encourage you to discuss your experiences as thoroughly as you find fit for the interview. Interviews are expected to be one hour in length.

Purpose of the Study
The goal for the research study is to explore your experience living in the United States, particularly Merced, CA, the challenges you’ve experienced, and your needs as a Hmong member of society.

Potential Risks and Discomforts
There are no risks if you decide to participate in this study; nevertheless, you may feel emotional discomfort when answering demographic questions and struggles living in the United States. If any discomfort becomes an issue, you may discontinue your participation from the study at any time.

Benefits
It is possible that you will not benefit directly by participating in this study; however the research will help social workers and other professionals learn how to create or improve programs for ethnic minority groups, such as the Hmong. It is my hope that the study will provide findings that help programs target the needs of each ethnic minority group.

Procedure & Confidentiality
You will be interviewed by Aimee Xiong. The interview will be audio taped with your permission. In addition, I will take notes to accurately capture your responses. Only the researcher will have access to the data. The information collected will be protected from all inappropriate disclosure under the law. All data will be kept in a secure location until the completion of the study. Once the thesis is complete, all notes and transcripts will be shredded and tapes will be erased. When I report the findings of the study I will not mention any identifying information, such as your name or connect your name to your response.
Cost and Compensation for participating
There is no cost to you beyond the time and effort required to complete the procedure described above. There is no compensation for participating in the study.

Your Rights
Your participation is voluntary. If you decide not to participate in this study or choose to withdraw at any time there will be no penalty. You can also choose to not answer any question you do not want to answer.

If you agree to participate in the study, please indicate this decision by signing below. If you have any questions about this study please contact me, Aimee Xiong at axiong3@csustan.edu or my Thesis Chair, Dr. John Garcia, at (209) 667-3769. Should you have any questions about your rights as a human participant, please contact University International Review Board at California State University, Stanislaus at (209) 667-3493 or email IRBAdmin@csustan.edu. Thank you for considering to participate in this study. Your time and input is appreciated.

Sincerely,
Aimee Xiong
Master of Social Work Student

Statement of Consent
I have read the above information and have received answers to any questions I asked and hereby consent to take part in this study.

Your Name Printed: ____________________________________

Your Signature: _______________________________ Date: ____________

In addition to agreeing to participate in the study, I also consent to having the interview audio-recorded.

Your Signature: _______________________________ Date: ____________

Printed name of person obtaining consent: _______________________

Signature of person obtaining consent: __________________________ Date: ____________
APPENDIX B

INFORMED CONSENT (HMONG)

Ntawv Tso Cai Koom Teg Nrug Txujkev Tshawb Fawb

Koj raug caw lug koomteg rua kev tshawb fawb zaag nuav lug ntawv Aimee Xiong kws yog ib tug ntxhais kawn ntawv qebsab txug Social Work rua huv lub tsev kawm ntawv California State University Stanislaus. Kuv yuav tsum tau nqeg teg tshawb fawb txhaj le lav ntawv tau qeb sab rua huv California State University, Stanislaus. Kuv yuav tshawb fawb nhav txug hab kuas muaj kev to-taub txug tej yaam kws haiv neeg Moob nyob huv lub nroog Merced, CA kws tau tiv kev txomnyem, nyuaj sab, ntxhuv sab, los ceeblaaj nyob huv teb chaws Asmesliskas. Aimee Xiong yog tug nqeg teg rua kev tshawb fawb zag nuav.

Lub homphaj rua kev tshawb fawb zag nuav
Lub homphaj zag nuav yog lug tshawb fawb txug tej yaam huv koj lub neej nyob huv teb chaws Asmesliskas kws tau tsim kev txomnyem, nyuaj sab, ntxhuv sab, ceeblaaj, hab yaam kws koj xaav kuas muaj paab tau koj hab tsev neeg nyob huv teb chaws Asmesliskas hab Merced, CA.

Puas yuav muaj teeb meem dlabtsi rua sab ntsws hab cev nqaj dlaim tawv
Lawvle peb paub, cov tuab neeg kws yuav koomteg nrug peb ua kev tshawb fawb zag nuav yuav tsi muaj teeb meem dlabtsi tseemceeb rua koj lub neej. Tej zaag, thaum koj pav txug koj tug kheej hab koj lub neeg nyuaj sab ntxhuv sab nyob huv teb chaws Asmesliekas, koj yuav muaj kev tu sab. Koj xaav tsum tham tuwv huv kev tshawb fawb nuav los tau. Tsi taag le ntawv, yog muaj tej yaam koj tsi xaav teb, koj tsi teb los tau.

Txheej txheem kev tshawb fawb hab tsi qha leejtwg
Aimee Xiong yuav yog tug nur koj ntau nqai has txug koj lub neej nyob huv teb chaws Asmesliskas. Yuav siv sjihawm le 1 xuaemoos lug nug cov nqai lug nuav. Yog koj tso cai peb yuav kaw koj cov lug tseg ca, cov ntaub ntawv kev tshawb fawb zag nuav peb yuav muab khaws ua peb tug xub. Peb yuav tsi qha has tas yog lug ntawm leeg twg leg. Cov ntaub ntawv nuav, peb yuav muab khaws ca kuas zoo. Tsuas yog cov kws ua haujlwm nrug peb txhaj le muaj cai saib tau xub. Yog peb kaw mej cov lug rua ib yaam khoom siv twg, tom qaab peb coj cov lug moog theej tag rua ntaub ntawv taag, peb yuav muab cov khoom siv ntawd pov tseg kuas taag, kuas tsi muaj leejtwg yuav muab tau.
**Nuj nqes hab kev koomteg ntawm kev tshawb fawb**
Tej zaum, kev tshawb fawb nuav yuav tsi neaq qha lub paab koj. Tab sis, koj cov lug yuav paab tau cov neeg ua haujlmw tsim tej kev paab tau haiv neeg Moob. Koj kev koomteg nrug peb kev tshawbfawb zag nuav yog paab ua dlejnum dlawb xub, yuav tsi teg nqæ zug. Yo le ntawd, koj tawm kev tshawb fawb thaum twg los tau. Dlhau le nuav lawm, koj tsi teb nqai lug nug twg los tau.

**Yog koj muaj lug nug dlaabtsi**
Yog koj muaj lug nug has txug yaam kws nyob rua huv kev tshawb fawb zag nuav, koj sau ntawv tuaj rua Aimee Xiong tug email, axiong3@csustan.edu. Dlau le ntawd, koj hu tau tuaj rua Dr. John Garcia los tau. Nwg tug xuvtooj yog (209) 667-3769, los-yog, sau ntawv tuaj rua nwg tug email, jgarcia@csustan.edu. Yog has tas koj muaj lug nug txug koj cov cai koomteg zag nuav, koj hu tau rua University International Review Board huv lub tsev kawm ntawv California State University, Stanislaus ntawm (209) 667-3493, los yog sau ntawv rua IRBAdmin@csustan.edu. Ua tsauq koj tseem muab lub sijhawm lug koomteg tshawb fawb zag nuav. Koj lub sijhawm hab koomteg yuav ncu tshaavntuj. Ua Tsaug.

Tshwj Xeeb,

Aimee Xiong
Ntxhais kawm ntawv qebsab rua Social Work

**Lug tso cai koomteg tshawb fawb**
Kuv tau twm cov nqai lug kws has lug saum toj nuav taag lawm hab tej lug kws kuv tau nug kuv tau txais cov lug teb taag lawm. Yog le ntawd, kuv txaus sab koomteg nrug kev tshawb fawb zag nuav.

**Koj lub npe:** ________________________________________

Xees koj lub npe: _____________________________________  Nub tim: ___________

**Ntxiv moog, kuv tso cai rua mej kaw kuv tej lug kws kuv teb rua mej cov lug nug.**
Xees Koj lub npe: ___________________________ Nub tim: ________

Tug kws kaw cov lug lub npe: __________________________

Tug kaw, Xees npe: ___________________________ Nub tim: ________
APPENDIX C

INTERVIEW QUESTIONS (ENGLISH)

Participant # ______
Name: ____________________

Demographic Questions:

1. What is your age?
2. What is your marital status? ___Married (legally or culturally) ___ Not Married
3. Do you have children? ___Yes ___No (Skip to Question 5)
4. How many children do you have?
5. In what country were you born?
6. How long have you lived in U.S.?
7. What year did you moved to U.S.?
8. How long have you lived in Merced, CA?
9. What is the highest level of education you received in Laos or Thailand?
10. What is the highest level of education you received in the United States?
11. What is your source of income?
12. What medical insurance coverage do you have?
13. Please describe the struggles you have experienced in the United States?

14. Based on these experiences, can you describe your current needs as they relate to your health and well-being? (In other words what do you and your family need to support your well-being?)

15. Based on your experiences, what do you believe are the most pressing needs of the Hmong community?

16. What services have you used that were intended to support your well-being?

17. How have past services and programs improved your quality of life?

18. From your perspective, what is the Hmong community's knowledge about services and programs available in their community?

19. What further programs and services would you like to see created to meet your needs?

20. What further programs and services would you like to see created to meet the needs of the Hmong Community as a whole?
APPENDIX D

INTERVIEW QUESTIONS (HMONG)

Tug tuab neeg koomteg # ______
Npe: ______________________

Tej lug nug txug ntawm tej tug tuabneeg:

1. Koj muaj pis tsawg xyoo?

2. Koj puas tau yuav quas puj / quas yawg? _____yuav _____tsi tau yuav

3. Koj puas tau muaj tub ki? ____muaj ____tsi muaj (Moog rua nqe tsib)

4. Koj muaj pis tsawg tug tub ntxhais?

5. Koj yug nyob rua lub tebchaws twg?

6. Koj nyob rua lub teb chaw Asmesliskas nuav tau ntev le caag lawm?

7. Koj tuaj rua tebchaws Asmesliskas xyoo twg?

8. Koj nyob huv Merced tau ntev le caag lawm?

9. Nyob sab ntuj qub qab, koj kawm ntawv txug qeb twg?

10. Nyob teb chaw Asmesliskas nuav, koj kawm ntawv txug qeb twg?

11. Koj tej nyaj txaj yog tau qhov twg lug?

12. Koj tej ntawv khu mob yog dlab tsi?
Tej lug nug txug ntawm tej tuabneeg tug kheej:

13. Qha txug tej tøeb meem kws koj ntsib los yog raug hab tej kev nyuaj sab kws koj muaj nyob rua huv teb chaw Asmesliskas.

14. Qha txuj tej kev paab kws koj hab koj tsev neeg xaav tau kws has txug kev noj kev haus kev noj qab nyob zoo huv teb chaws Asmesliskas.

15. Has txug lub neeg tuaj nyob huv teb chaws Asmesliskas nuav, yaam kws koj pum has tas tseem ceeb tshaaj plawg rua cov Moob txujkev noj qab nyob zoo yog dlaabtsi?

16. Tej kev paab kws koj tau txais los yog siv dlhau lug lawm kws yog paab txug txujkev noj qab nyob zoo yog dlaabtsi?

17. Tej kev paab yaav dlhau lug lawm, paab tau koj lub neej npaum le caag?

18. Raws le koj paub, koj xaav has tas cov Moob paub txug tej kev paab nyob rua huv lub nroog npaum le caag?

19. Koj xaav kuas tøim tej kev paab yaam dlaabtsi lug ntxiv paab koj txuj kev tu ncua los si muaj tsi txaus?

20. Koj xaav kuas tøim tau teb kev paab yaam dlaabtsi lug ntxiv paab rua tej pejxeem Moob txuj kev tu ncua los sis muaj tsi txaus?