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When Language and Culture Complicates Treatment: Promoting Health Equity with Hmong Refugees through Health Literacy

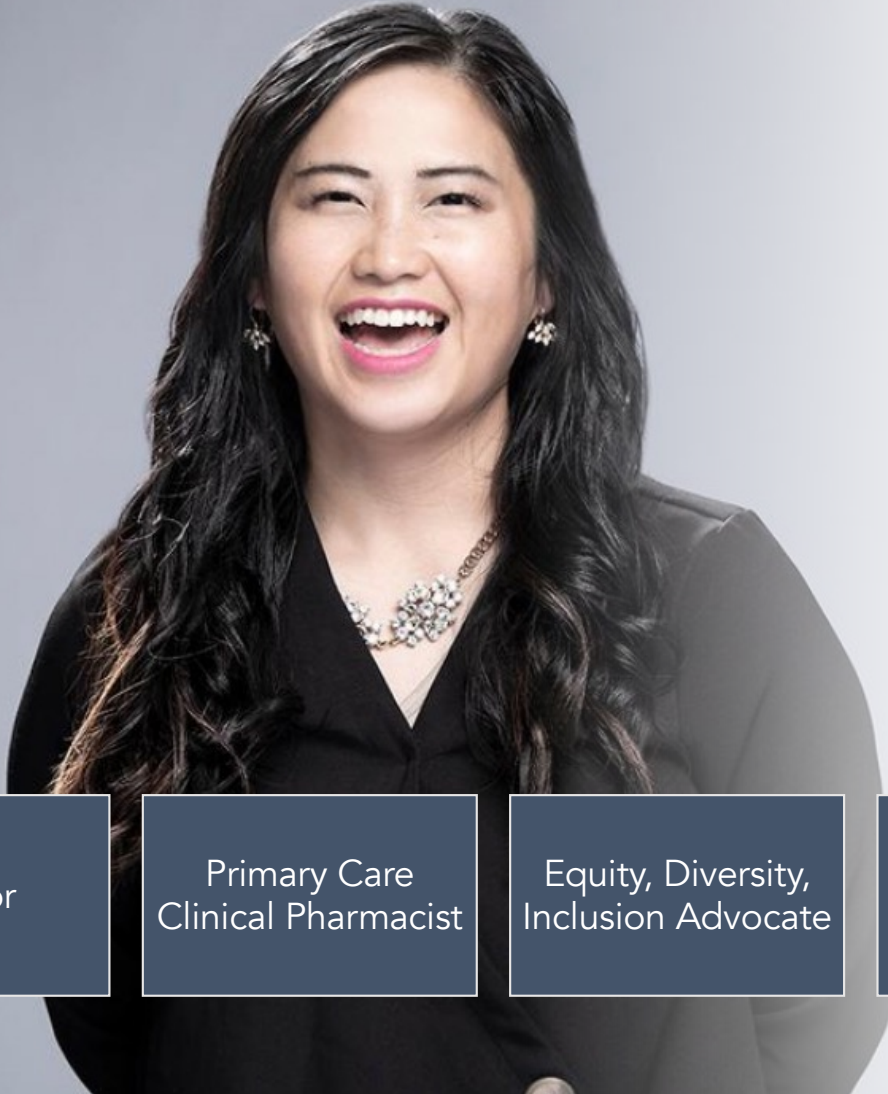


@kajualorpharmd

<https://kajualorpharmd.wixsite.com/kajualorpharmd>

DISCLOSURES/CONFLICT OF INTEREST

- I have no relevant financial relationships with commercial interests.



ABOUT ME

- Founding Chair/Associate Professor, MCW School of Pharmacy
- Lead Clinical Pharmacist, Sixteenth Street Clinic – Parkway

Educator

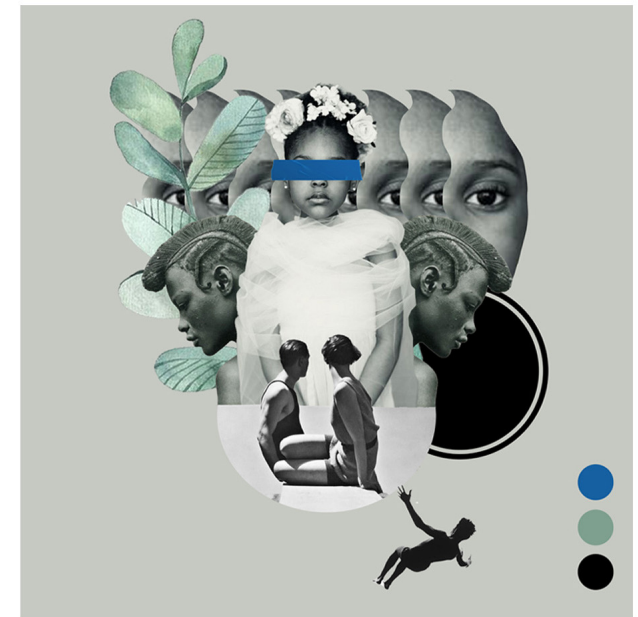
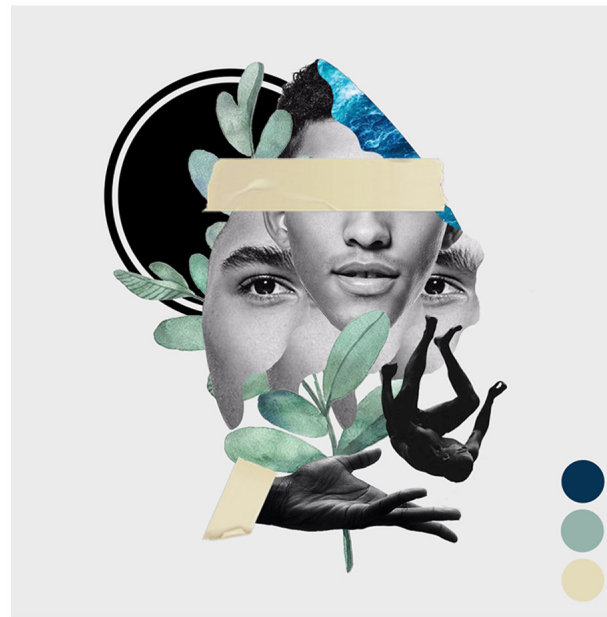
Primary Care
Clinical Pharmacist

Equity, Diversity,
Inclusion Advocate

Scholar

- Community Engagement
- Health Disparities

Practice
Advancement





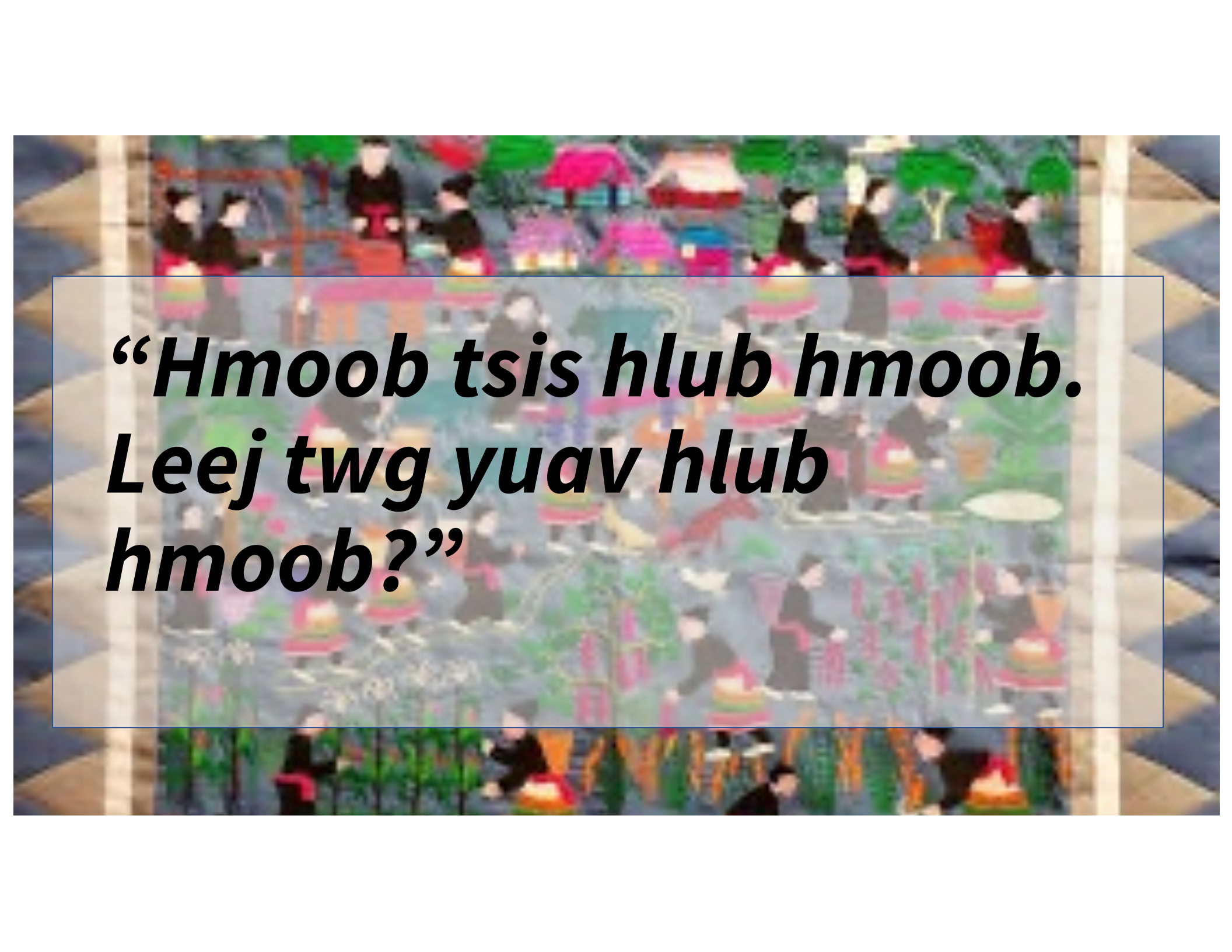


At the Tokyo Olympics 2020

Suni lee wins gold



**HAVE YOU
EVER FELT
INVISIBLE?**



***“Hmoob tsis hlub hmoob.
Leej twg yuav hlub
hmoob?”***



To the Hmong community, Lee's victory isn't a means to mend a broken country, nor to gain acceptance from a nation that once abandoned us. Her success has replaced tears of trauma with tears of joy. Our elders have always yearned that one day we will have a country to unify our people. Suni Lee proved that our love for one another is enough.

healing.

@bokchoybaddie

GRIT

Cultural Legacy of
Determination

Teamwork

Dreams are
possible.

HOPE

*We are a fabric
of this
community.*

We are
American.

LEARNING OBJECTIVES

Describe the historical, political, and sociocultural factors that impact Hmong refugees

Explain the intersections of language, culture, and health literacy and the impact on clinical practice when working with refugee communities.

Examine strategies and community-engaged approaches to support a culture of health with refugee communities.

HOW FREQUENTLY DO YOU ENCOUNTER A PATIENT THAT SPEAKS A LANGUAGE YOU ARE NOT FAMILIAR WITH IN YOUR PRACTICE?

A Never

B Rarely

C Often

D Somewhat often

E Very often

HOW FREQUENTLY DO YOU ENCOUNTER A PATIENT WHO IDENTIFIES AS AN IMMIGRANT/REFUGEE IN YOUR PRACTICE?

A Never

B Rarely

C Often

D Somewhat often

E Very often



GROUND RULES

- Engage in open and honest dialogue
- Speak from "I" perspective/personal experience
- Listen respectfully; seek to understand; listen harder when you initially disagree
- Be open to new and different perspectives
- Acknowledge intent while addressing impact
- Be mindful and inclusive of people with diverse experiences
- Honor each other's confidentiality

OUTLINE

Introduction

Case Study

- Hmong Overview
- Language
- Culture and Family Dynamics
- Integrative Medicine

Equality



Equity

HEALTH DISPARITIES

Evidence has shown that health disparities exist in health promotion and disease prevention with the Hmong



HEALTH LITERACY IN HEALTHY PEOPLE 2030

“Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.”

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Reference: Health Literacy in Healthy People 2030. Accessed May 2023.

<https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030>



SOCIAL DETERMINANTS OF HEALTH

“Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Economic
Stability

Education

Social and
Community
Context

Health and
health Care

Neighborhood
and Built
Environment

Reference: Healthy People 2020 Approach to Social Determinants of Health Website. <https://www.healthypeople.gov/> Accessed August 14, 2019.



**DO YOU
SPEAK **THIS**
LANGUAGE?**



HUMILITY

Humility is not thinking less of yourself,
It is thinking of yourself less.

-C.S. Lewis

CULTURAL HUMILITY

"incorporates a lifetime commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient dynamic and develops mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations."

(Tervalen and Marray-Garcia, 1998)

REFUGEES AND HEALTH LITERACY

Feinberg IF, et al. Health Lit Res Pract. 2020 Oct;4(4):e230-e236. Accessed on 5/2023.
<https://journals.healio.com/doi/10.3928/24748307-20201109-01>

3 million refugees have settled in the U.S. since 1980

The combined effects of limited English proficiency and low health literacy can create significant barriers to good health outcomes in refugee populations.

Length of time in the US for refugees may not correlate with health status despite studies that suggest a change in health over time for the larger immigrant population.

CASE STUDY: MR. V

"Mr. V, a Laotian refugee, will not consent to post-amputation wound closure, which would prevent further infection and limb loss. The challenge: to break through cultural barriers and gauge this diabetic patient's mental status."



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Reference: Krassner D. When culture complicates treatment. *Current Psychiatry*. 2002 December;1(12):45-49.

CASE STUDY - MR. V

"43 year old male with a history of diabetes. Admitted to the hospital with altered mental status as manifested by confusion, fluctuating sensorium and disorientation. Altered mental status was secondary to septicemia secondary to osteomyelitis from a aright plantar foot ulcer that had become necrotic, tracking through foot bones into the tibia and fibula. An emergent amputation was performed of the right tibia and fibula approximately 15 cm distal to the patella with intent to close the wound within 24 to 48 hours. Mr. V also was started on IV antibiotics. The patient, however, refused the closure procedure, stating that he had not been properly informed before the amputation and would not consent to another procedure until he could speak with his elder brothers.

The surgical team noted that Mr. V had signed the consent form before the amputation. The surgeons also feared that not closing the wound promptly could lead to reinfection, further limb loss, or even death."

Reference: Krassner D. When culture complicates treatment. *Current Psychiatry*. 2002 December;1(12):45-49.

CASE STUDY - MR. V (CONT'D)

“The hospital’s psychiatric consultation service was asked to determine the patient’s mental capacity. It should be noted that Mr. V emigrated to the United States from a Laotian refugee camp 12 years prior to admission. He speaks only Hmong, the language of the Hmong people indigenous to Southeast Asia.

Mr. V was diagnosed 12 years ago with insulin-dependent diabetes mellitus and has been hospitalized numerous times for foot ulcers. His chart indicates that he has repeatedly disregarded doctors’ orders and has not performed proper foot hygiene.

Previous physicians and caregivers, however, were even more frustrated with the apparent attitude of resignation with which Mr. V has approached his diabetes. He seems to believe that his medical condition is causing his problems and that he cannot prevent diabetic sequelae. He has no history of mental disorders and to our knowledge had never received a psychiatric evaluation.”

Reference: Krassner D. When culture complicates treatment. *Current Psychiatry*. 2002 December;1(12):45-49.



*Hla dej yuav hle khau; tsiv teb tsaws chaws yuav hle hau.
when you cross a river, take off your sandals; when you emigrate from one
country to another, take off your hat.
- Hmong proverb*

A photograph of a large crowd of people, primarily Hmong, gathered outdoors for a festival or celebration. The individuals are wearing traditional Hmong clothing, including black and blue patterned jackets, colorful skirts, and distinctive black hats with white and colorful pom-poms. Many people are holding small green apples. In the background, there are trees and several colorful umbrellas, including a prominent pink and white checkered one. The overall atmosphere is festive and communal.

WHO ARE THE
HMONG?



Ethnic group living in China and Southeast Asia



2.7 million remain in China

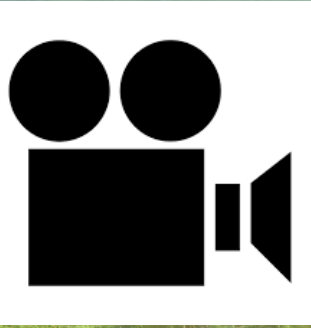


1.2 million moved to highlands of Vietnam, Laos, Thailand and eastern Myanmar (Burma)



250,000 live in the U.S.

HMONG: INVISIBLE MINORITY



Lack of a country

Assimilation

Oral history

Secret War

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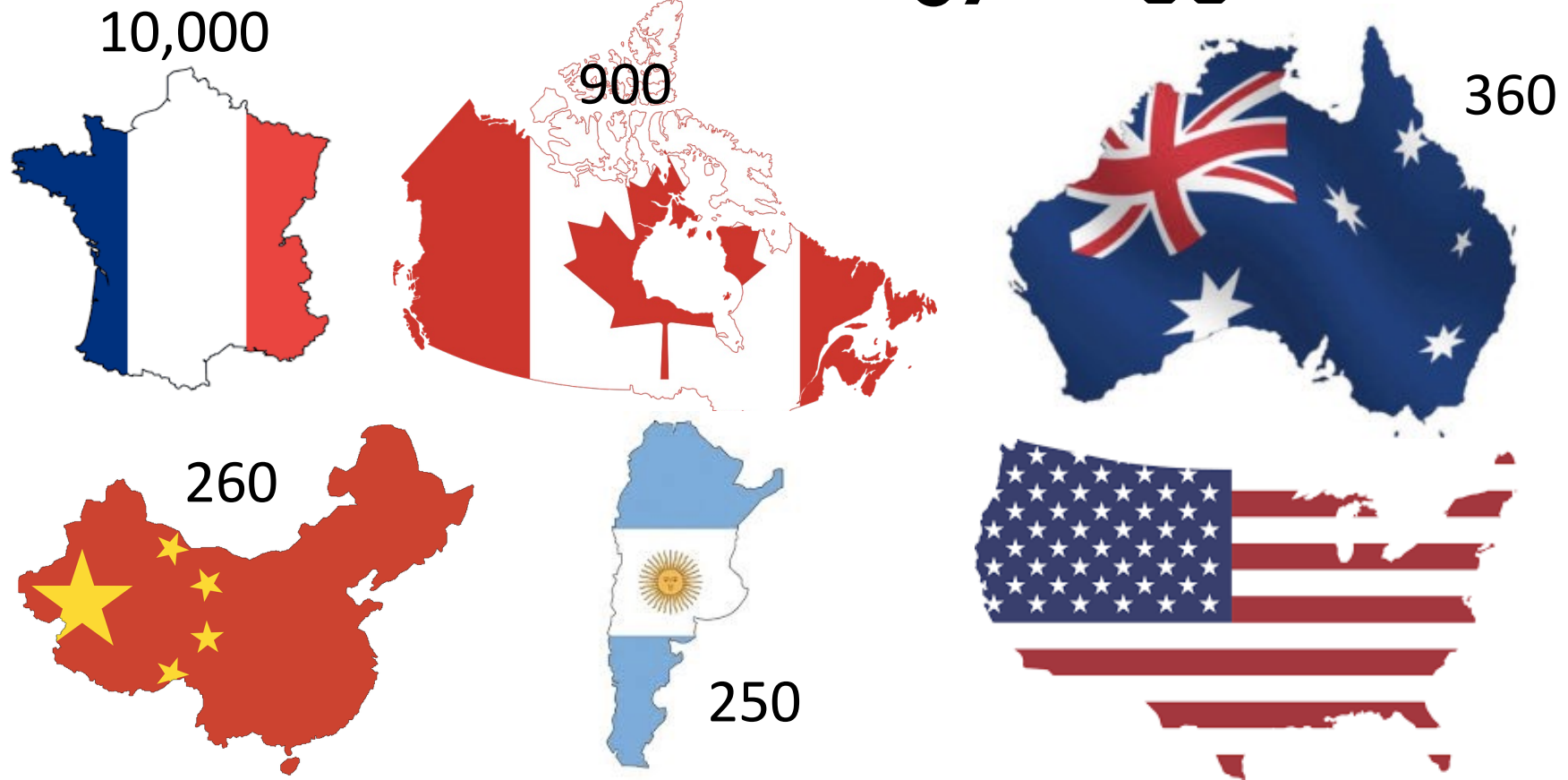
AMERICA'S SECRET WAR IN LAOS

- CIA recruited 35,000 Hmong soldiers
- 25,000 of 35,000 soldiers perished
- Hmong soldiers assisted U.S. and protected radio stations and rescued U.S. airmen
- 100,000 Hmong died during the conflict
- Communists took over Laos in the War





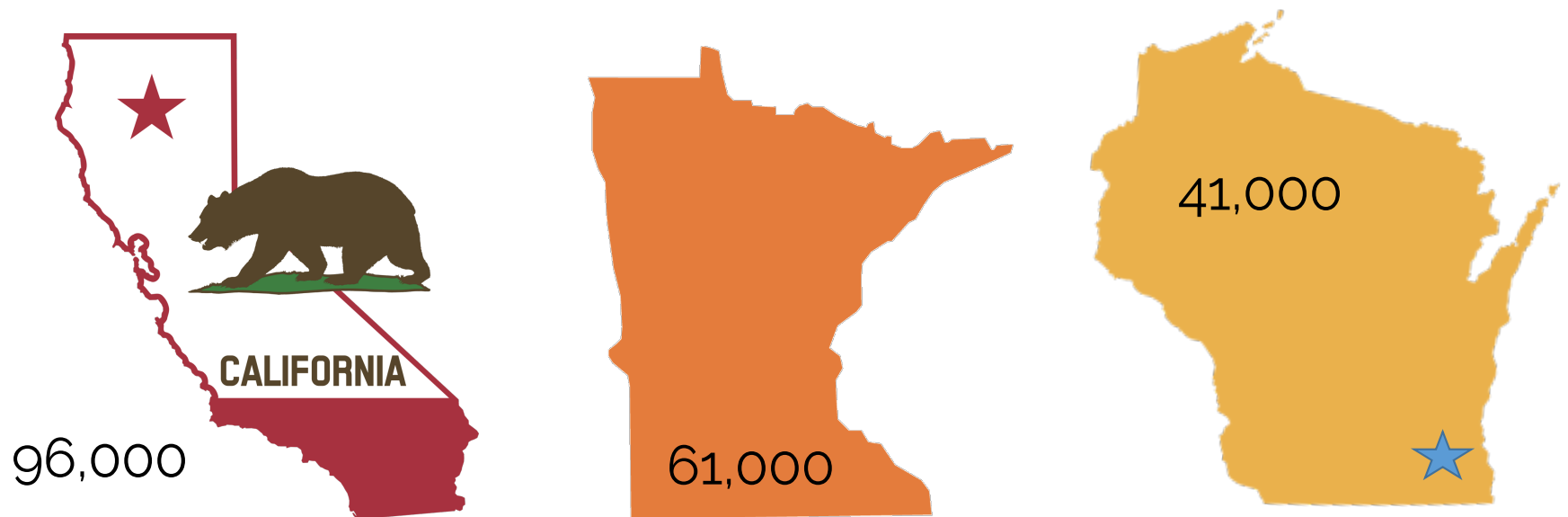
HMONG MIGRATION 1976-1990



Source: Michaud, Jean. 2004. "Hmong." Pp. 597-598 in *Southeast Asia: A Historical Encyclopedia, from Angkor Wat to East Timor*, edited by Keat Gin Ooi., Santa Barbara, CA: ABC-CLIO, Inc.

HMONG IN THE US

- 17.3 million Asian Americans in the U.S.
- 260,073 are Hmong





ASIAN AMERICANS 'MODEL MINORITY'

- In the last 50 years, national longitudinal data has focused on African Americans and Hispanics
- Data on Asian Americans are rarely disaggregated
- Hmong-Americans are often excluded in large -scale research studies

Xiong, Zha Blong. et al (2013). Health disparities research in the Hmong American Community: Implications for practices and Policies. In M. E. Pfeifer & B. K. Thao (Eds.), State of the Hmong American Community. Washington, DC: Hmong National Development.

HMONG: INVISIBLE MINORITY



Hmong immigrants are among the fastest growing ethnic group in the US



Hmong are critically underserved (2 times more likely to live in poverty compared to the general population (28.1% Hmong vs 15.1% U.S. population) and under researched immigrant group within the Asian American community



High prevalence of chronic conditions especially hepatitis B, diabetes (19.1% Hmong vs 7.8% non-Hispanic whites, respectively), cancer, mental health issues



Inequalities Impacting the Hmong Communities

- 61% are proficient in English compared to 70% of avg Asian population
- 28.3% live in poverty compared to nation US avg of 15.1%
- Median household income of \$48,000 (Pew Research Center 2017)
- While education attainment has grown substantially, older Hmong adults still have little to no formal education.

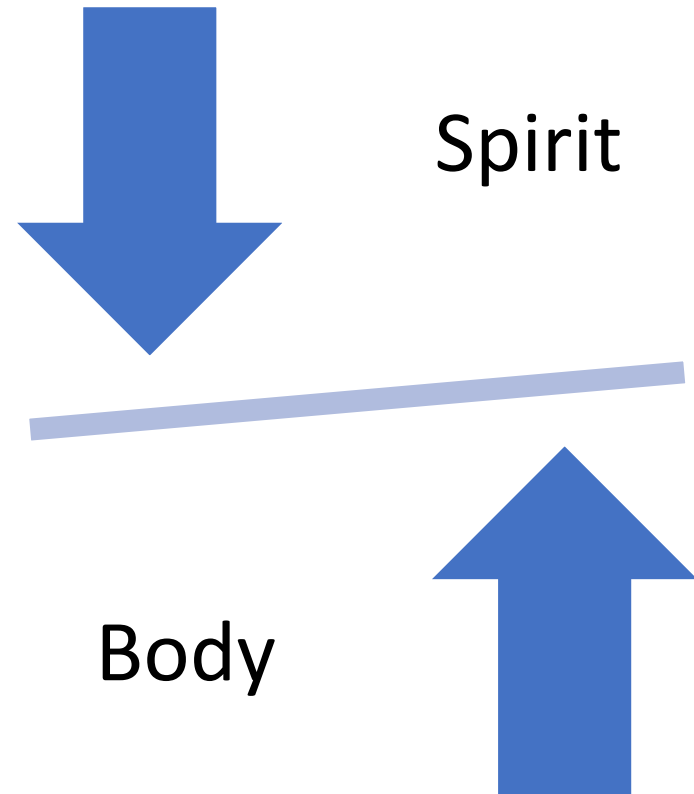
A person stands with their back to the camera, arms raised in a gesture of triumph or freedom. They are in a grassy field with a line of trees in the distance. The sky is filled with soft, white clouds. The entire image has a teal-blue color cast. In the top-left corner, there are several overlapping, semi-transparent rectangular shapes in shades of blue and grey. In the bottom-right corner, there are several overlapping, semi-transparent rectangular shapes in shades of red, orange, and yellow.

HMONG HEALTH BELIEFS



TRADITIONAL HEALTH BELIEFS

- Holistic perspective
- Surgery, blood transfusions and organ donation are typically not acceptable
- Animism
 - Anima = Life



TRADITIONAL HEALTH BELIEFS (CONT'D)



Natural 'Physical' World

- Change in weather
- Bad food
- Aging
- Germs

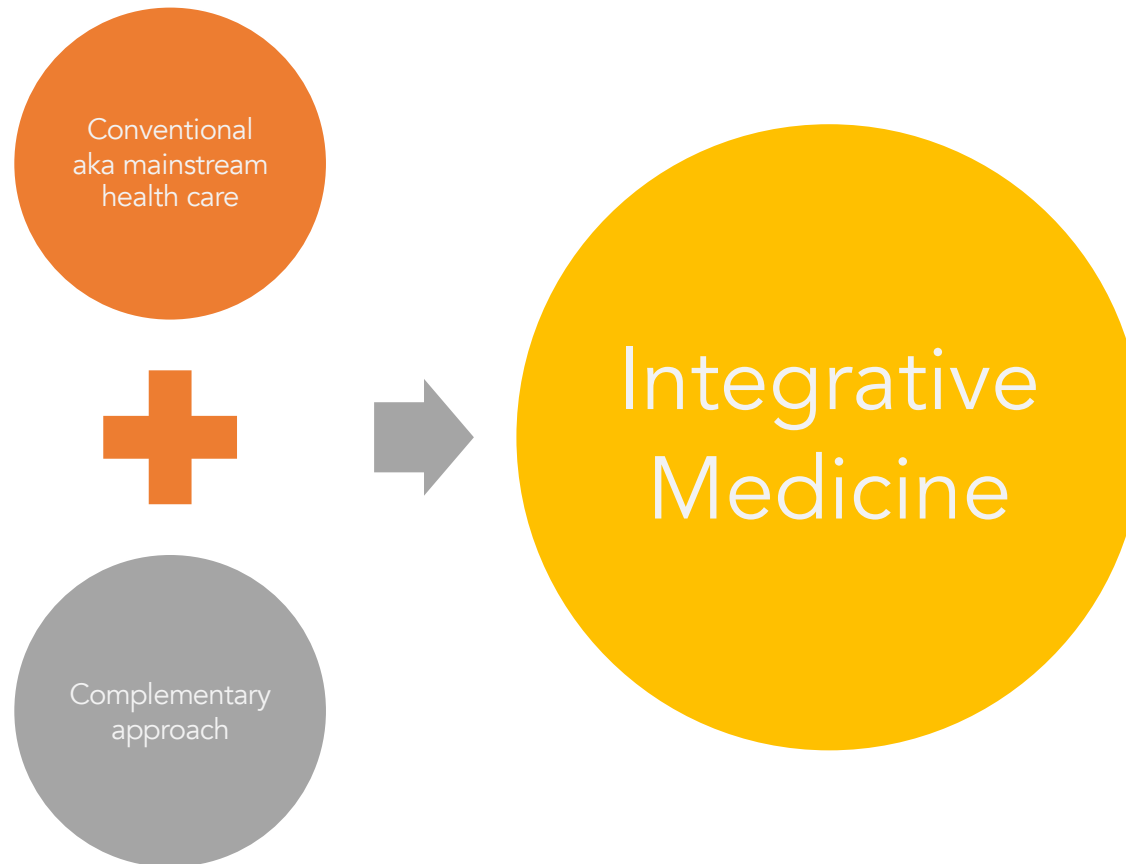


Supernatural 'Spiritual' World

- Soul loss 'hu plig'
- Ancestral spirits
- Malevolent spirits
- Shaman spirits



INTEGRATIVE MEDICINE



Reference: National Center for Complementary and Integrative Health website. <https://nccih.nih.gov/health/integrative-health#cvsa>. Accessed August 29, 2018.

COMPLEMENTARY HEALTH APPROACHES

Natural Products

Vitamins and minerals

Botanicals

Herbal Medicine

Mind-Body Practices

Chiropractic Manipulation

Acupuncture

Guided Imagery

Hypnotherapy

Qi gong

Tai Chi yoga

Massage

Other Approaches

Traditional Healers

Ayurveda

Traditional Chinese Medicine

Homeopathy

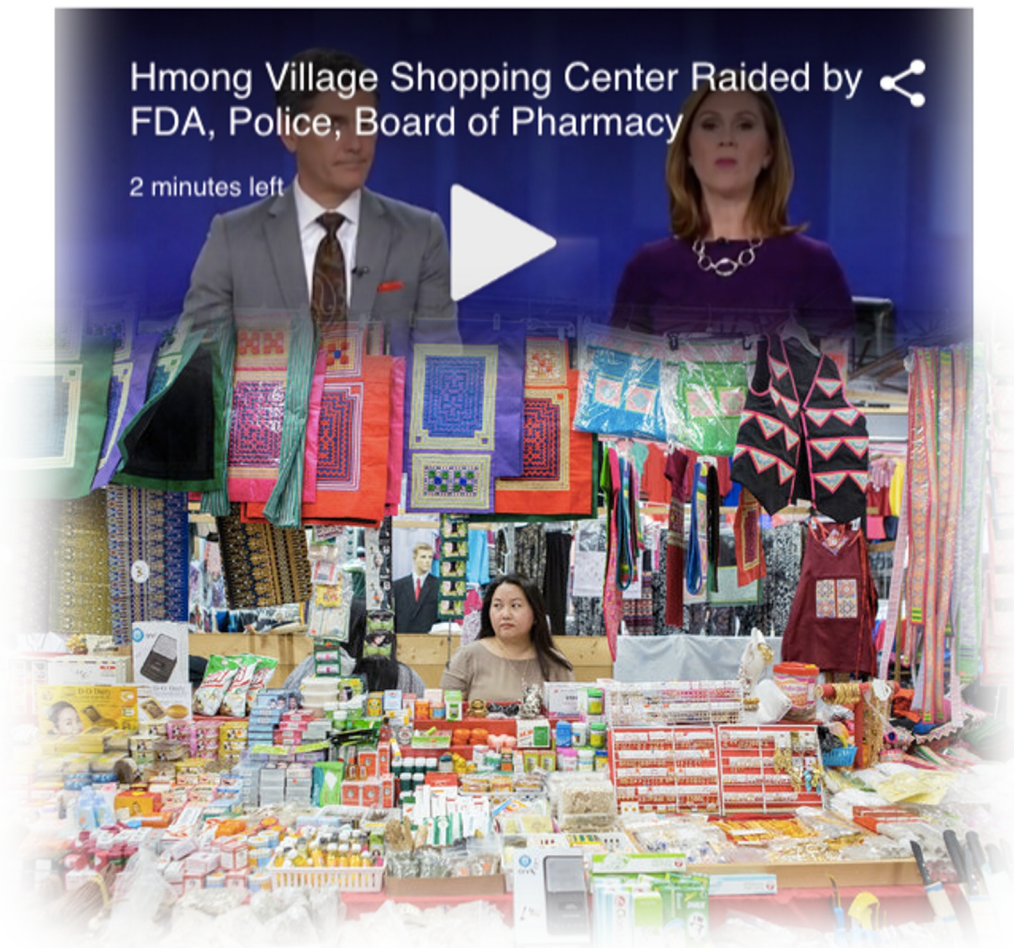
Naturopathy

Energy therapies

Reference: National Center for Complementary and Integrative Health website. <https://nccih.nih.gov/health/integrative-health#cvsa>. Accessed August 29, 2018.

Center Raided by FDA, Police, Board of Pharmacy

- “Pills allegedly seized again from St. Paul Hmong market busted in ‘13”
- Pioneer Press, April 4, 2016
- “Hmongtown Marketplace underground pharmacy, authorities say”
- Pioneer Press, June 17, 2013



MIND-BODY PRACTICES



Cupping
'Txhuav
or nqus'



Coining
or
spooning
'kav'



Needle
Pricking
'hno'



Massage
'zuaj ib
ce'

SHAMAN HEALING CEREMONIES

1. Diagnostic
Ceremonies
'Ua neeb
saib'

2. Healing
Ceremonies
'Ua neeb
kho'



HEALTH LITERACY AND HMONG SURVEY RESULTS (N=168)



57% reported not understanding health information well



20% reported having medication management issues



Culturally tailored health information delivery is needed

LANGUAGE

- Tonal language – 7 tones
- Oral culture – paj ntaub
- Written language created by missionaries in the 1950s
- 60% speak Hmong daw (white)
- 40% speak Mong leng/shi (green)
- 56% of Hmong have English proficiency compared to 77% of U.S. population¹

Reference: Pew Research Center. Hmong in the U.S. Fact Sheet. <https://www.pewresearch.org/fact-sheet/asian-americans-hmong-in-the-u-s/>. September 2017. Accessed January 15, 2020.



TONAL LANGUAGE (7 TONES)

- Cim Siab
- Cim Niam
- Cim Ntuj
- Cim Kuv
- Cim Mus
- Cim Neeg
- Cim Tod



KEY PHRASES

Phrase	Hmong	Pronunciation
Hello	Nyob Zoo	Nyaw zhong
How are you?	Koj nyob li cas	Gaw nyaw lee cha
I am doing well/good.	Kuv nyob zoo	Goo nyaw Zhong
Please sit	Thov zaum	th-aw zow
Very good	Zoo heev	zhong hang
Thank You	Ua tsaug	Ua chow

CULTURALLY TAILORED HEALTH INFORMATION



ORAL STORYTELLING



VISUAL IMAGES



DIGITAL NARRATIVES

Recommendations for Pharmacists

The 'Patient Centered Label'

- Tailor the patient label to the Universal Medication Schedule (UMS) patient-centered label in community pharmacy settings

Penicillin				Administrator	
RX# 2341				2011/08/12	
REF # B4B6 7AAE FD90 6B06					
					
GIVE USING MEDICATION SPOON THREE TIMES DAILY. TAKE WITH WATER.					
Quantity: 5				Refills:2	

Reference: Universal Medication Schedule White Paper. National Council for Prescription Drug Programs. April 2013. Accessed August 14, 2020. <https://ncpdp.org/NCPDP/media/pdf/WhitePaper/NCPDP-UMS-WhitePaper201304.pdf>

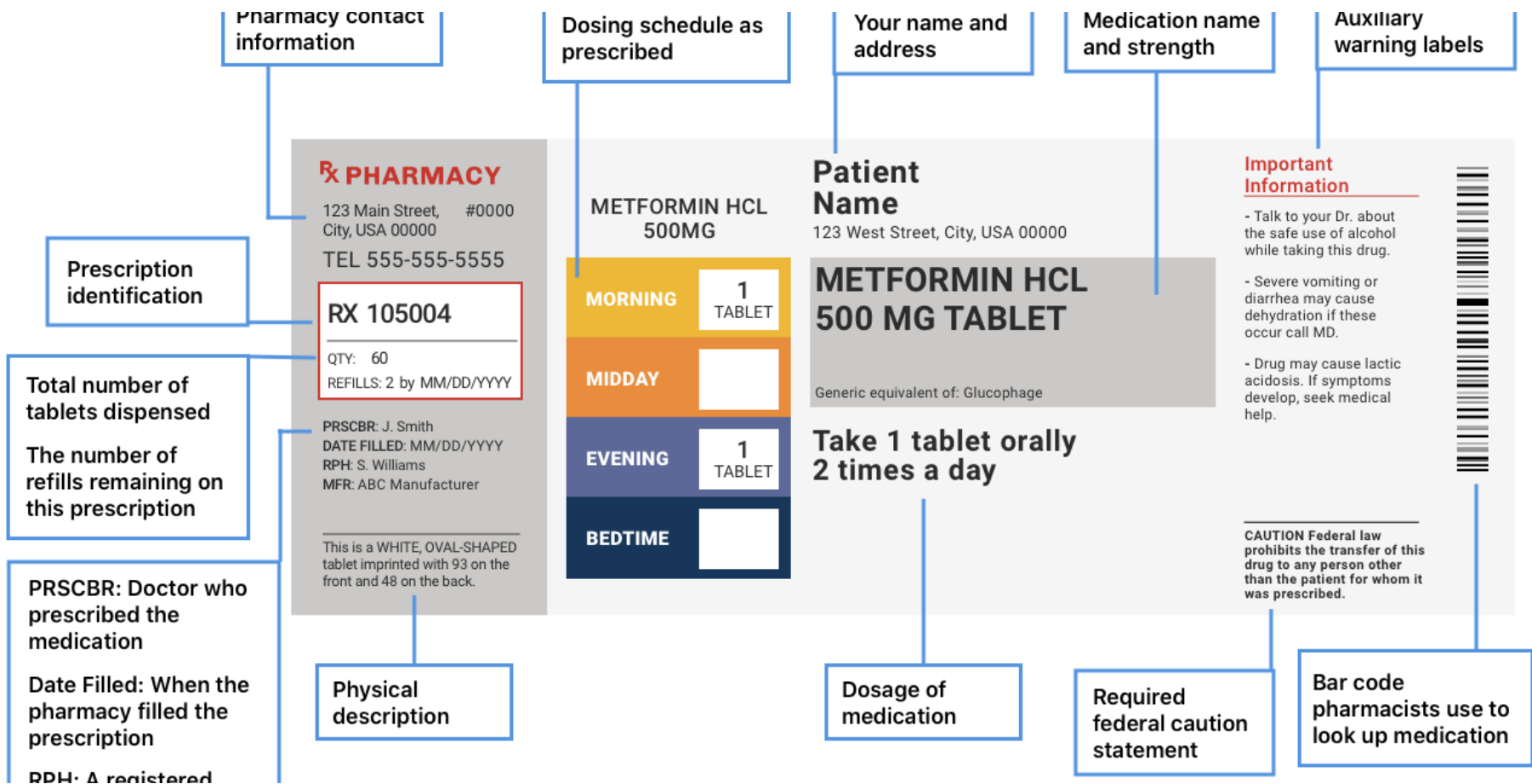
Recommendations for Pharmacists

The 'Patient Centered Label'

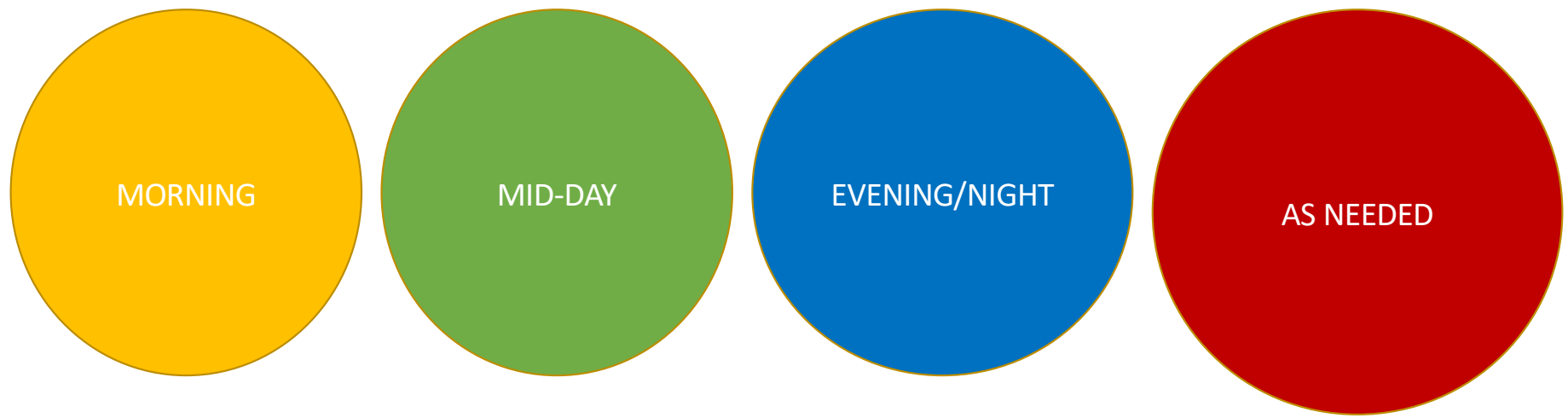
What is typically seen	UMS Requirements
Take one tablet twice daily	Take one tablet in the morning and one tablet at bedtime
Take 1 – 2 tablets every 4 – 6 hours as needed for pain	(P) If you have pain, take __ [insert appropriate dosage form] at a time. Wait at least __ hours before taking again. Do not take more than __ [appropriate dosage form] in one day

According to need, include indication for use – example for high blood pressure vs for hypertension.

Reference: Universal Medication Schedule White Paper. National Council for Prescription Drug Programs. April 2013. Accessed August 14, 2020. <https://ncpdp.org/NCPDP/media/pdf/WhitePaper/NCPDP-UMS-WhitePaper201304.pdf>



KEY TIPS ON MANAGING MEDICINES BY A PHARMACIST



LABEL EACH MEDICINE BY INDICATION

Heart – Corazón – Plawv

High blood pressure – La Presión alta - Ntshav Siab

Type 2 Diabetes – La diabetes – Ntshav Qab Zib

High Cholesterol – El Colesterol – ntshav muaj roj

Mi Lista De Medicinas

Traiga Todos Sus Medicamentos y Esta Lista a Cada Visita



		HORARIO/COMIDA			CONDICIONES			
Nombre de medicamentos	Dosis	Mañana 	Tarde 	Noche 	Migraña 	Diabetes 	Dolor 	Otro
Amitriptyline	25 mg			1 tableta	Prevenir Migraña			
Conjugated estrogens (Premarin)	0.3 mg	½ (media) tableta (tome 1 tableta como necesita)						
Ropinirole	1 mg			2 tabletas (tome 1 tableta cada dia)				

CASE STUDY 1: MR. V

- Mr. V, a Laotian refugee, will not consent to post-amputation wound closure, which would prevent further infection and limb loss. The challenge: to break through cultural barriers and gauge this diabetic patient's mental status.



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Reference: Krassner D. When culture complicates treatment. *Current Psychiatry*. 2002 December;1(12):45-49.

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Previous physicians and caregivers, however, were even more frustrated with the apparent attitude of resignation with which Mr. V has approached his diabetes. He seems to believe that his medical condition is causing his problems and that he cannot prevent diabetic sequelae. He has no history of mental disorders and to our knowledge had never received a psychiatric evaluation.”

Reference: Krassner D. When culture complicates treatment. *Current Psychiatry*. 2002 December;1(12):45-49.



DISCUSSION

- 10 mins review cases
- 5 mins Write 4 – 5 sentences of your response for both cases
- 10 mins discussion: In groups of 3, discuss the questions below.
 - **Case Study 1: Mr. V**
 - What additional information would you want to know about Mr. V?
 - What characteristics of the interpreter working with Mr. V would be ideal?
 - Reading the case, what are the assumptions of his ability to care for his diabetes?
- Review the general tips handout. Identify one tip that resonates with you and share with your group.

GENERAL TIPS

Review the general tips.
Identify one tip that resonates with you.



GENERAL TIPS - COMMUNICATION

Avoid outwardly complimenting Hmong children. Many Hmong believe that if a bad spirit hears such compliments, the spirit may take away the child's soul.

Avoid making direct eye contact with Hmong patients. Avoid hugging or shaking hands with the opposite sex

Since the Hmong language lacks words for many biomedical or physiological terms and concepts, expect lengthy interpretations in the health care setting and exercise patience. It is important for interpreters to convey concepts and terms in a way that is meaningful to patients rather than simply providing rote translations of the English terms.

Reference: https://www.cdc.gov/tb/publications/guidestoolkits/ethnographicguides/HmongTBBooklet508_final.pdf

GENERAL TIPS - COMMUNICATION

Be aware that some Hmong may delay or avoid seeking care. Encourage early care-seeking with community talks; the availability of free, effective treatment; and the importance of prevention and treatment.

Deliver clear, consistent messages. Some Hmong patients may be confused about the information they receive, especially if messages are inconsistent.

View health care as a process involving two-way communication and equal exchange between provider and patient. Invite patients and family or clan members to talk about their understanding and perspectives of their health condition. Allow time for questions and decisions and respond using simple language.

Reference: https://www.cdc.gov/tb/publications/guidestoolkits/ethnographicguides/HmongTBBooklet508_final.pdf

GENERAL TIPS - COMMUNICATION



Explore ways to communicate disease origins and processes in ways that are understandable and helpful to the Hmong patient. In most situations, complex explanations of pathophysiology are probably unnecessary.



Consider employing ombudsmen or people who represent the patients' viewpoint during consultation, people who have a distinct role from that of an interpreter.

Reference: https://www.cdc.gov/tb/publications/guidestoolkits/ethnographicguides/HmongTBBooklet508_final.pdf



Hmong may believe that illness may be caused by a combination of natural and supernatural causes and may therefore seek a variety of specialists for diagnosis and treatment.



Ask patients about their beliefs and the causes of their illness. Show respect for these beliefs and educational messages accordingly.



Inquire about the use of traditional practices or medicines.

Reference: https://www.cdc.gov/tb/publications/guidestoolkits/ethnographicguides/HmongTBBooklet508_final.pdf

GENERAL TIPS – MAKING DECISIONS

Before making a decision, many Hmong like to get a second opinion, often from clan leaders, to be sure they are making the appropriate decision.

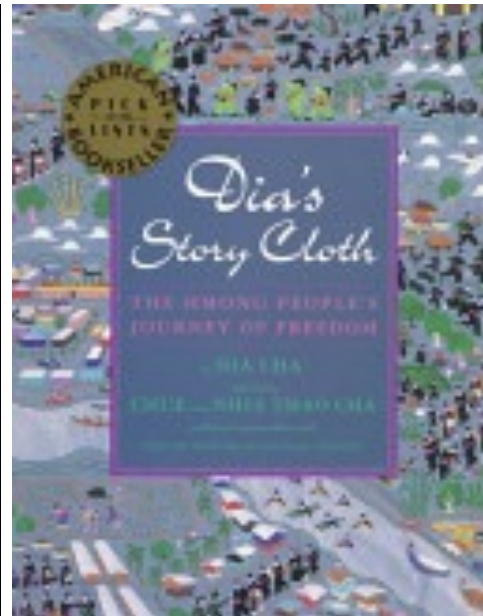
Refrain from pressuring patients for a decision before they have had time to consult with others.

Acknowledge the importance of family-based decision making. Always remember that it is the patient's right to consult with whomever he or she chooses in order to make a decision.

Make the effort to ask who needs to be involved in consultations and the decision-making process.

Reference: https://www.cdc.gov/tb/publications/guidestoolkits/ethnographicguides/HmongTBBooklet508_final.pdf

WOULD YOU LIKE TO LEARN MORE ABOUT THE HMONG COMMUNITY?





If you would like to learn more, check out our website is live!

- Parts of this session are a part of the HAAPIE Initiative. A curriculum advancing the health for AANHPI communities.
- <https://haapie-site.thinkific.com/>



**THANK YOU.
UA TSAUG.
MUCHAS GRACIAS.**



WHAT QUESTIONS DO YOU HAVE?



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