

Medical Interpretation and Health Care for the Hmong in Wausau

by

Molly Askin

Daniel Kaneshiro

Lisa Mueller

Community Health Seminar, Public Affairs 958

Spring 2003



La Follette School of Public Affairs

University of Wisconsin - Madison

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For additional copies:
Publications Office
La Follette School of Public Affairs
1225 Observatory Drive
Madison, WI 53706

www.lafollette.wisc.edu

Table of Contents

Foreword.....	v
Acknowledgments.....	vi
Executive Summary.....	vii
Medical Interpretation and Health Care for the Hmong in Wausau	1
Background.....	1
Programs and Resources.....	3
Area Health Services.....	5
Health Issues in the Hmong Community in Wausau.....	7
Our Focus:	
The Need for a More Extensive Hmong Medical Interpretation Network	9
Issues and Ideas Identified and Discussed During the Community Meeting.....	10

Foreword

The Robert M. La Follette School of Public Affairs at the University of Wisconsin–Madison is pleased to be able to apply part of its efforts to improving health in Wisconsin communities. Each year, in one of its graduate courses, the La Follette School randomly selects several communities from around the state and conducts research to identify important health issues and to work with community leaders to design ways of addressing those issues.

The Wisconsin legislature established the Robert M. La Follette School of Public Affairs in 1984 with a multifaceted mission—to engage in instruction, research, and outreach. The La Follette School fulfills this mission by offering a master's degree in public policy; by encouraging scholarly research on numerous issues that have public policy implications; and by offering numerous enrichment and training opportunities to policy makers at all levels of government.

The School's Center for State, Local and Tribal Governance has contributed to that commitment by establishing an annual program geared toward assisting Wisconsin communities in addressing community health issues. The program is the centerpiece of the Skornicka Seminars at the La Follette School, initiated with support from Joel Skornicka to improve local governance in the state. Joel Skornicka is a former mayor of Madison and assistant to UW chancellors.

The format of these seminars is that students at the La Follette School enroll in a course that provides them with an opportunity to conduct field research and to learn facilitation skills in community development. The students in the course form teams, and each team focuses on a specific community. Students complete an analysis and present it in a case study, like the one that follows. Then community leaders meet to discuss the findings of the case study and to formulate a way of resolving issues raised in the analysis. The La Follette School is happy to assist in any way it can with the implementation of plans designed at these meetings.

Initially, the focus of these seminars was on the issue of gangs and youth violence. We treated this concern as a health and safety issue. We have broadened the scope of the seminar this year to include other community health issues. This expansion is not because gangs and youth violence are no longer matters of concern, but rather to recognize that communities face a variety of health issues. We want to be responsive to the needs and priorities of the people of Wisconsin.

On behalf of the students, faculty and staff at La Follette, I would like to acknowledge and thank the many individuals who have made these studies possible. We appreciate the time and the information that you have contributed. Our hope is that you find our work useful in enhancing the health of the people in our state.

Dennis Dresang
Professor of Political Science and Public Affairs
Director, Center for State, Local and Tribal Governance
Robert M. La Follette School of Public Affairs

April 2003

Acknowledgments

We would like to offer our thanks to the following people for helping us with our research and providing us with insight and understanding of health care in Wausau:

- Me Lee Thao, Wausau Family Practice Center
- Susan Becker, Marathon County Public Health Department
- Pang Moua, Marathon County Public Health Department
- Ark Rhowhine, Bridge Community Clinic
- Mai Xiong, Children's Service Center of Wisconsin
- Peter Yang, Wausau Area Hmong Mutual Association
- Ying Lee Xiong, Universal Translation
- Kathy Bliven, Community Health Care - Wausau Hospital
- Peggy Ore, Wisconsin Area Health Education Center

And a special thanks to the Bridging the Gap Medical Interpreter Training session participants who gave us invaluable insight into medical interpreting.

Executive Summary

Wausau, located in central Wisconsin, is a growing mid-sized city with a population of just under 40,000 residents. The city, which for years was a predominantly white community, has seen in the last few decades an influx of Southeast Asian immigrants, including a sizeable population of Hmong. It is this population that we have focused on in our research of community health issues in Wausau. For this project, we have chosen to address the issue of language barriers in health care specific to the Hmong community. The majority of our research was conducted through interviews with health care professionals in Wausau.

This report begins with a brief background on how the Hmong arrived in Wausau. We provide a discussion of several programs, resources, and health facilities that serve the Hmong community, and we describe the areas of concern in the health care field that were derived from our community visits and interviews. We also identify the reasoning behind why we have chosen to focus on the language barriers to health care for the Hmong. We conclude this report with a discussion of some initiatives that may be of assistance to the Hmong community in improving medical interpretation services. After our community meeting, which will be held May 1, we will complete this report with an added discussion of ideas from community members.

Many of the Hmong refugees arrived in Wausau in the late 1970s via a network of sponsors through local churches. Their initial arrival presented some challenges for the community. Many of those that we interviewed indicated that discrimination was predominant at that time as the community adjusted to its new residents. Today, with close to 5,000 Hmong residents, Wausau has the eighth largest population of Hmong in the country. Wausau is becoming increasingly diverse as the area is experiencing recent growth in its Hispanic population also.

What we discovered through our interviews in the community is that several health issues affect the Hmong, and some are unique to that population. The health issues mentioned most often during our research and highlighted in our report are diabetes, problems with access to dental care, and access to mental health care. The problem of the language barrier affects all health care. The community has a strong network of health care providers, resources, and projects to address many of the health concerns in the community. While we feel that diabetes, access to dental care, and mental health care are important health concerns that deserve attention, we have chosen to focus on the language barrier issue and how improving networks for addressing this issue may allow for more culturally competent health care services.

Language barriers present a unique challenge to patients, providers, health educators, and others in the health care system. Because the Hmong written language was redeveloped as recently as the 1960s, many elders in the Hmong community do not read or write in the language. Additionally, interpreting in the health care field presents challenges as the English medical terminology is not always easily translatable into Hmong.

Medical Interpretation and Health Care for the Hmong in Wausau

by Molly Askin, Daniel Kaneshiro, and Lisa Mueller

This report is the culmination of a research seminar in community health policy conducted through the La Follette School of Public Affairs at the University of Wisconsin–Madison. For this graduate-level seminar, we were assigned to study public health issues affecting the Hmong population in the City of Wausau, Wisconsin. The following report is based on the findings from qualitative research and interviews with health professionals and community leaders. Through our meetings in Wausau, we identified several health issues that specifically affect the Hmong population in Wausau. The lack of a common language between some Hmong residents and health professionals is a prevalent issue that affects health care in the community. In this report we focus on medical interpretation in Wausau.

We begin by providing a brief overview of the history of the Hmong in Laos, discussing how Wausau became one of the cities in the United States with the highest Hmong population, and describing the history of the Hmong language. We describe the health issues that community members identified during our months of interviews and research, and we describe some of the programs, resources, and health facilities that are available to community members. Finally, we explain why we chose medical interpretation as our focus.

Background

The Hmong represent an ethnic group in Laos, a country in Southeast Asia that shares borders with China, Thailand, Burma, Cambodia, and Vietnam. Sometimes referred to as the mountain people of Laos, the Hmong have a distinct language, culture, and history that can be traced back several hundred years. From about 1961 to 1975 United States Special Forces and covert agents from the CIA financed, armed, and trained the Hmong to fight a secret war against anti-American and communist entities in Laos and Vietnam (Chan).

The Hmong established themselves for their bravery in battle and their ability to wage guerilla warfare against the North Vietnamese forces well before the official start of U.S. involvement in Vietnam. The Hmong were involved in fighting through the end of the war. The deeds of the Hmong army are said to have saved thousands of American lives often at the cost of familial stability and the lives of their own families (Chan).

Fighting along the border between Laos and North Vietnam disrupted the agrarian way of life that the Hmong had relied upon for hundreds of years, and entire villages had to be evacuated and moved because of nearby fighting. The United States supported the Hmong army and their families with airdrops of supplies throughout the war. The fall of Saigon in 1975 marked the end of United States involvement in Vietnam, and likewise the end of United States airdrops to Hmong forces and their families. Because of their

relationship with the United States, the Hmong became targets of the North Vietnamese forces. As the political situation deteriorated in Laos thousands of Hmong migrated to neighboring Thailand. Men, women and children suffered retaliations by hostile forces as many made the long journey on foot to refugee camps in Thailand. Those who remained continued to fight against Lao and Vietnamese forces without United States support. It is estimated that since 1975 more than 150,000 Hmong refugees have fled from Laos (Chan).

In 1975 Hmong refugees were allowed to enter the United States, with 3,466 immigrating by the end of that year. About 11,000 refugees (both Hmong and Laotians) were admitted in 1976, and in 1977 approximately 8,000 came. The estimated population of Hmong refugees residing in the United States was about 50,000 in 1980, doubling to 100,000 in 1990 (Chan). Although the Hmong have settled throughout the continental United States, large concentrations are in states such as California, Minnesota, and Wisconsin. In Wisconsin, two cities received the majority of Hmong immigrants: Milwaukee and Wausau.

Wausau, Wisconsin

Wausau is a mid-sized town in north-central Wisconsin, with a population of 38,426 (US 2000 Census). Many of the Hmong refugee families came to Wausau in the late 1970s through a network of sponsors through area churches. With close to 5,000 Hmong residents, Wausau has the 8th largest population of Hmong in the United States. Wausau has seen a substantial demographic shift over the past 20 years since Hmong immigration began. The first groups of refugees first established themselves in the community, and some became sponsors of other families coming to the United States. In the past decades, secondary migration of Hmong residents from other parts of the United States has contributed to the increase in the Hmong population in Wausau.

The Hmong Language

Hmong is a seven-tonal monosyllabic language that holds some resemblance to the Thai, Lao, and Chinese languages. There is historical evidence of a written Hmong language, but centuries of cultural oppression by ruling Chinese dynasties reduced its functional use. For hundreds of years, the Hmong communicated without the use of writing.

When Christian missionaries and United States officials contacted the Hmong in the 1950s and 1960s, efforts were made to recreate a written language. The current form of written Hmong is based on the Roman alphabet, but many people did not learn this new written language before coming to the United States. Today Hmong (oral and written) is taught at community centers and universities across the United States, but many older Hmong residents still do not read Hmong. In the United States, many Hmong households are bilingual with the younger, American-born Hmong possessing high levels of English proficiency and older generations speaking Hmong more fluently than English. Exclusive use of spoken Hmong is common among the elderly population.

One of the difficulties found, especially in medical interpretation of Hmong, is the lack of established words that accurately explain meanings in for medical terms in both languages. A well-known risk in interpreting is the potential for a loss of meaning when

words and ideas are translated from one language to another. Often interpreters need to use examples to interpret the meanings of words because many medical terms have no direct translation to Hmong. For example, there is no word in Hmong for cancer. Accounts of Hmong medical interpreters spending great amounts of time interpreting a single medical term through paraphrases are not uncommon.

Cultural differences between the ways American medicine and traditional Hmong medicine are practiced also create a barrier to communication. In Laos the Hmong largely relied on shamans for help with not only medical problems, but also mental health concerns, social problems, and spiritual guidance. Many of these beliefs are held in contemporary Hmong-American society. American doctors have not always welcomed the role of traditional medicine. In the United States, shamans prescribe herbal medicines and sometimes perform rituals to cure diseases and conditions. American medical professionals and Hmong shamans follow different belief systems and philosophies, thus creating the potential for conflicts that can affect the health and well-being of Hmong patients. Many times interpreters also serve as cultural brokers between physicians and patients when they need to facilitate cultural understanding about the use shamans and traditional medicine.

Programs and Resources

The Hmong in Wausau have a well-developed system of networks and resources. The following list is not comprehensive, but rather a set of descriptions of some of the many projects, resources, and health care facilities available in the community. During the course of our community interviews, we met with people who were employed by or affiliated with many of the organizations we describe below.

Hmong Health Information Promotion

The National Library of Medicine awarded \$50,000 to Northern (Wisconsin) Area Health Education Center (NAHEC) for the Hmong Health Information Promotion, a project over a two-year period set to end in September 2003. The project has six objectives: to provide health information services to the local Hmong population; to raise awareness of library and Internet health information resources in the Hmong community; to produce video health information in Hmong for use by older generation; to develop Hmong and English-language electronic health information resources; to offer Internet and CD-ROM access to Hmong-English electronic health information resources in both Hmong and English. As part of the project a website is now available—www.hmonghealth.org, and NAHEC is working to develop a consumer health information training program specific to the needs of the Hmong community. This project focuses on the health information needs of the Hmong population in Wisconsin, beginning with Wausau and expanding to include other Wisconsin communities.

The project is a collaborative effort with four primary provider organizations participating: the Bridge Community Health Center; Marathon County Health Department; Children's Service Society of Wausau; and the Wausau Family Practice Center. Other partners in the project are the Hmong Mental Health Institute/Children's Service Society of Wisconsin; the Marathon County Public Library; Marshfield Clinic; the Neighbor's Place; University of Wisconsin–Eau Claire School of Nursing; UW

Family Health; UW Marathon County; UW Stevens Point Health Promotion Department; Wausau Area Hmong Mutual Association; Wausau Family Planning Health Services; Community Health Care – Wausau Hospital; and the Wausau School District.

The Wisconsin Express

The Wisconsin Express, an annual event in Wausau and other areas in the state, is another NAHEC project. The Wisconsin Express provides students in health care professions the opportunity to immerse themselves for a week in Hmong culture. The hope is that this will allow students to understand the Hmong community better and may help to resolve some of the issues involved in blending traditional medicine with American-style health care. The 2002 Wisconsin Express concluded with a cultural diversity workshop entitled “Building Culturally Competent Individual and Community Partnerships.” Participants learned five elements of cultural competency: awareness and acceptance of differences; awareness of one’s own culture; understanding the dynamics of difference; developing cultural knowledge; and celebrating diversity.

Health Education and Training Centers

After receiving a grant in March 2002, the Health Education and Training Centers began training several Hmong community health workers. This project is coordinated through the Wisconsin Area Health Education Center (AHEC) and seeks to “improve access to health information and services for Hmong residents of Wausau and Marathon County through creation and implementation of a multi-organization community health worker program” (Ore). AHEC has brought together representatives from the Bridge Community Health Clinic, Marathon County Health Department, Children’s Service Society of Wisconsin, and the Wausau Family Practice Center who will establish courses to educate Hmong health workers. Training of the first group of bilingual and bicultural health workers will begin in May 2003 and will focus on increasing awareness of available resources, identifying and addressing mental health issues, and recognizing and treating physical health problems.

Hmong Language Television Programming

In 2002 and 2003, the Wausau Area Hmong Mutual Association has worked with the Wausau NBC affiliate to begin broadcasting a Hmong language television program. “Hmong News,” as it is called, is expected to be on the air shortly. It will air weekly and will be rebroadcast on a local public access station. Although the program will focus on news, education, and community events, it also provides a forum for the discussion of health issues in the community and can serve to inform viewers of health care facilities and programs in the area. The program is set to be hosted by Wausau residents Blong Yang and Mai Kao Moua. Blong Yang feels this program will be especially helpful to the elderly Hmong, many of whom do not speak English and are often unaware of activities, news, and community events. This television program will complement the hour-long weekly Hmong radio program that is hosted by Yang and Moua (Associated Press).

Marathon County Community Health Assessment

Under direction of the Wisconsin Department of Health and Family Services, each county in Wisconsin conducted a community health assessment. The final draft of the health assessment for Marathon County was not completed during the time of our

study, but Susan Becker of the Marathon County Public Health Department provided us with an outline and a discussion of the key issues. Because Wausau is the largest city in Marathon County and home to the majority of health care services, county issues are representative of health concerns in Wausau.

Fifteen potential community health priorities were identified in the assessment. From those fifteen, a group of area health professionals and public health workers identified the top six concerns: alcohol misuse; lack of health care for the elderly; obesity and related disorders; suicide; tobacco use and exposure; and the underutilization of prenatal care. The other priorities that did not make the top six include providing dental care for low-income populations, access to health care in general, screening for and early detection of diseases, continuing efforts to reduce vaccine-preventable diseases, continuing efforts to reduce lead exposure in children, minority health issues, ensuring motor vehicle safety, sexually transmitted diseases, and assuring a safe water supply.

Area Health Services

In addition to the programs and resources discussed above, Wausau also has a number of clinics and other facilities where Hmong and other area residents may receive health care information. Some of these resources are discussed below.

Bridge Community Health Clinic

The increase in Hmong residents and refugees coupled with an increased demand for health services in Wausau led to the creation of the Bridge Community Health Clinic in 1995. The clinic's mission is to serve all who need health care regardless of insurance and special payment plans can be established for customers who are unable to pay. In addition to offering primary care, pediatrics, obstetrics, and on-site lab work, the clinic provides dental care, transportation, and translating services for patients. Because the number of Spanish-speaking residents has also increased in the past few years, the Bridge Clinic provides Spanish interpreting services in addition to Hmong.

Wausau Family Practice Center

The Family Practice Center is part of the UW Health Clinics System centered in Madison, Wisconsin. This clinic serves the entire Wausau community and accepts commercial insurance as well as Medicare and Medicaid. A Hmong nurse serves as a medical interpreter to patients in addition to providing health care. Other interpreters are also available. According to the clinic's literature, the clinic specializes in providing the following comprehensive health services:

- Diagnosis and treatment for acute and chronic medical conditions
- Obstetrical care from prenatal to delivery
- Women's health care, including pap smears and family planning
- Preventive health care, risk assessment and physical exams
- Care of children from infancy through adolescence
- Care of older adults
- Care for chronic conditions, such as heart disease, high blood pressure, high cholesterol, arthritis and diabetes
- Nutrition counseling and weight management

- Minor surgical procedures
- Care of sprains, strains, bone fractures and other injuries
- Mental health care

Marshfield Clinics

Through a network covering most of northern Wisconsin and Michigan’s Upper Peninsula, the Marshfield Clinic System offers comprehensive specialty care and operates many clinics. The Wausau branch opened in 1997 and currently employs the only Hmong physician in Wausau. Medical interpreters are also available to patients. The clinic is the largest health center outside of Marshfield, where the clinics are centered.

Children’s Service Society of Wisconsin

This organization offers clinical mental health services to the entire Wausau community. Children’s Service Society offers reduced rates for uninsured patients, on-site and home visit counseling services, and a Hmong psychotherapist. Through support groups, individual counseling, and group therapy, the Children’s Service Society is able to serve many residents in the Wausau community, including the Hmong population.

Community Health Care – Wausau Hospital

The Wausau Hospital is part of the Community Health Care network and serves Wausau and surrounding areas. The hospital offers a full range of services including emergency care, inpatient and outpatient surgery, on-site lab work, and obstetrics. The hospital employs a full-time Hmong medical interpreter and offers services for a variety of other languages. Its current goal is “to provide high quality primary, secondary and selected tertiary health care services to the consumers of northern and central Wisconsin in a productive and cost-effective manner” (Wausau Hospital).

Wausau Area Hmong Mutual Association

The Wausau Area Hmong Mutual Association (WAHMA) works actively to improve the lives of Hmong in the Wausau area. This community organization was established to give support and provide networking services for Hmong living in Wausau and greater Marathon County. To address some language barriers to health care, WAHMA offers laminated “interpreter request” cards which have a short phrase stating that bearers of the card do not understand English well, and that they understand that they have a right to be provided an interpreter by the health facility at no additional cost. The phrase is written in English on one side and in Hmong on the other:

<p style="text-align: center;"><u>Interpreter Request</u></p> <p>I do not speak or understand English very well. I understand I have the right to an interpreter without charge to me. Please provide me a Hmong/English interpreter. (This card can be presented to city, county and state government departments as well as medical clinic, hospital, and other public agencies.)</p>	<p style="text-align: center;"><u>XAV TAU NEEG TXHAIS LUS</u></p> <p>Kuv hais tsis tau lossis tsis totaub lus Aaskiv zoo. Kuv totaub tias kuv muaj txoj cai yuav tau txais ib tug neeg txhais lus pab kuv uas kuv yuav tsis tau them nyiaj. Thov nrhiav ib tug neeg txhais lus Hmoob/Aaskiv rau kuv (Daim ntawv no siv tau rau cov chaw ua haujlwm uas muaj kev pabcuam xws li tseem fwm hauv nroog, hauv county, thiab hauv xeev, thiab tsev kho mob, los yog lwm lub koomhaum uas muaj kev pabcuam.)</p>
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Health Issues in the Hmong Community in Wausau

In the following section we describe a number of health concerns that were brought to our attention during our interviews with people in the community and with persons affiliated with the health resources and facilities described above.

Diabetes

Diabetes is common throughout the United States. Nationally, several million Americans live with the disease. It is a serious disease, with the risk of early death among people with diabetes being twice that of people without diabetes. Complications resulting from diabetes include heart disease, stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, dental diseases, and complications with pregnancy.

Diabetes is a group of diseases, and the most common type among Asian Americans is type II. Type II diabetes usually develops in adults, but it is increasingly seen in children and adolescents. This type of diabetes can be managed by eating healthily, exercising, and taking oral medications and/or injecting insulin.

Some studies have shown that Asian Americans are at increased risk of developing type II diabetes. In the Hmong community in Wausau, dietary changes and more sedentary lifestyles since immigrating to the United States may contribute to the increased incidence of type II diabetes. Some sources in the community suggested that lifestyle-related diseases such as type II diabetes are worsened by the lack of effective health care. There may be a lack of regular check-ups and follow-up visits when it comes to diabetes prevention, diagnosis, and care.

Dental Care

Access to dental care is a problem not only in the Hmong community in Wausau, but for all state residents. According to the Bureau of Health Information in the Wisconsin Department of Health and Family Services, 356 dentists or 13 percent of Wisconsin dentists plan to leave their practice or retire by 2007. The number of dentists entering the field is not expected to keep pace with the number leaving the practice of dentistry. This comes at a time when many Wisconsin residents are already having difficulty accessing dental care.

The problem is exacerbated for Medicaid recipients. In 2001, only 40 percent of dentists accepted Medicaid/BadgerCare patients. Many Hmong patients have sought care from oral surgeons even for minor dental procedures because a higher proportion of oral surgeons accept Medicaid. Other residents drive long distances to find a dentist who will accept Medicaid/BadgerCare and provide the care needed.

Although the dental care access issue is not unique to the Hmong community, it is an issue that is compounded by the language barrier. By some accounts, dentists in the Wausau area sometimes require Hmong patients to bring their own interpreter to appointments. Many Hmong patients do not seek dental care because of the language barrier and their inability to provide their own interpreters.

Mental Health

Mental health issues are prevalent in the Hmong community. Some of the common disorders are related to experiences during war and in refugee camps before coming to the United States. These include: major depressive disorder, post-traumatic stress disorder, night terrors, and an array of psychosomatic disorders including back and abdominal pain. According to a report done by the National Institute of Mental Health, pre-immigration trauma events were significant predictors of psychological distress even five years or more after migration.

Acculturation is another important factor in attempting to understand the mental health issues of the Hmong population. Elders in the Hmong community in Wausau often live in relative isolation because of language and cultural barriers that limit them from fully integrating into the community. They are sometimes physically isolated in that accessing any form of public transportation presents problems because of the language barrier. Several health care professionals have hypothesized that this isolation leads to higher rates of depression in Hmong elders.

Treatment of mental health issues is also problematic because of the lack of mental health care professionals and those seeking treatment to speak a common language. It is challenging to provide adequate mental health services when the doctor or counselor must communicate with the patient through an interpreter. Receiving mental health care is a sensitive issue, especially for Hmong males. Gender roles become an issue in that it may not be appropriate to have a female counselor with a male Hmong patient or a female interpreter present with a male Hmong patient. This further limits the access to and use of mental health services for the Hmong community.

Language and Cultural Barriers

Language barriers and cultural considerations were mentioned in all the interviews that we conducted. A recent study done by the Hmong Mental Health Institute, with funding from the Wisconsin Department of Health and Family Services, found that although some health care facilities are making accommodations for the Hmong, more needs to be done to reduce barriers to care. This is a critical issue as barriers to care can dissuade individuals from seeking treatment or can lead to using the health care system as a last resort.

This was confirmed through our research. Me Lee Thao, a nurse at Wausau Family Practice, explained that some health care workers have misconceptions about the Hmong because they believe that the Hmong overuse the emergency room. One reason they may rely on the emergency room is that they lack understanding of their health insurance policies and/or of the health care system in general. More frequent emergency room visits also result from patients who are unable to make doctor appointments because of language barriers. A patient that has difficulty communicating with health care workers may never enter the health care system if he or she is unable to communicate to make an appointment.

The language barrier also comes into play in the dissemination of health information, a serious challenge in the Hmong community. As discussed previously, the current form of the Hmong written language has only existed for only forty to fifty years.

As a result, many older Hmong do not read or write the language. This complicates the dissemination of health information because the usual methods of distributing brochures or posting information on a website will not reach an important segment of the Hmong community. This issue has been addressed through the development of health videos, which may be broadcast on a Hmong language television program.

A cultural consideration is the integration of traditional medicine with Western medicine. Peter Yang of the WAHMA recalled a survey that showed a tendency of the Hmong population to seek medical help from a shaman or pastor before a medical doctor. Various observers have suggested that bad experiences with medical doctors, lack of knowledge of the Western health care system, and language barriers contribute to the preference for seeking help from shamans and pastors. According to Thao, some Hmong return to Laos to obtain traditional medicine rather than rely on the local health clinics. She also indicated that traditional remedies do not necessarily conflict with Western medicine, but may only offer a short-term cure. According to the Marathon County Public Health Department, some traditional medicines contain dangerous substances such as arsenic or heavy metals. Some traditional cures may cause health problems and interact with drugs prescribed by Western physicians.

Other Health Concerns

In addition to the health issues discussed above, which our contacts identified as key concerns in the community, some other health issues were discussed during the course of our research and deserve mention here. Health issues included the following: alcohol and tobacco use, obesity, and high blood pressure. Alcohol and tobacco use is being addressed in the community through educational programs. Some diseases discussed include hepatitis B, tuberculosis, and sexually transmitted diseases.

Our Focus: The Need for a More Extensive Hmong Medical Interpretation Network

From speaking with various health professionals and community leaders, we came to believe that medical interpretation is a pressing issue that affects the health of the Hmong community. The current medical interpreters in Wausau are professional, well-trained, and provide an invaluable service to their community, but there is a shortage of trained medical interpreters. Many health care workers expressed concern that the number of trained medical interpreters available in the community was not sufficient to meet the needs of the community. Although much progress has been made in providing health care to the Hmong in the past decades, existing health facilities are not always able to provide medical interpreting services readily to Hmong patients. This issue impacts all areas of health care, and improving the availability of trained medical interpreters will help address all of the health issues identified by community members.

In some cases family members have acted as interpreters in absence of a trained interpreter. While many younger Hmong are fluent in English, many in the older generation have limited English proficiency. This puts a higher functional value on medical interpreters who often provide the only means through which communication between patient and physician can be achieved. Many community members relayed to us anecdotes about family members and medical office staff providing interpreting services.

While these people are effective communicators, they may lack the knowledge of medical terminology that is necessary for complete interpretation of medical procedures. When office workers or nurses serve as interpreters, they are pulled away from their assigned duties.

As part of our research, we attended part of an interpreter-training session conducted by Ying Lee Xiong. Trained interpreters understand the ethics involved in interpreting and the importance of accuracy and completeness. Simple procedures followed by trained interpreters, such as chair positioning, introductions, and how the interpreter refers to himself or herself during a doctor visit help foster a positive patient-doctor relationship. Untrained interpreters are not always aware of the importance of their role in overcoming the language barrier and establishing rapport between the patient and doctor. We believe this area of health care can be improved by building on existing community strengths and networks within Wausau.

Issues and Ideas Identified and Discussed During the Community Meeting

On May 1, 2003, we met with several community members for an open discussion on how to build on the existing network of Hmong medical interpreters in Wausau. Meeting attendees included Mai Xiong, Susan Becker, Peter Yang, Ying Lee Xiong, and Ya Yang. Many ideas and possible solutions were discussed at this meeting. These include:

- Medical training for interpreters to ensure interpreters have a strong knowledge of medical procedures and terms, and training for medical professionals in the community on how to work effectively with interpreters.
- Provide more on-site interpretation services so clinics and/or patients do not have to pre-arrange for an interpreter or, in emergency situations, patients would not need to wait for contracted medical interpreters to arrive.
- Provide gender-specific interpreting services to alleviate tensions between females and males in medical situations.
- Maintain a code of ethics for interpreters and health care workers that work with interpreters. With a smaller community, ensuring patient confidentiality is essential to creating and maintaining a good interpreter-patient relationship.
- Make clinics aware that using children as interpreters is not acceptable.
- Educate the public about their rights in regard to medical interpreting. All health facilities that receive federal funding are required to provide interpreters to patients when necessary.
- Make patients aware of how to file complaints about clinics that don't provide interpreters.
- Create a state-wide certification program for medical interpreters or create community standards for interpreters.
- The Wisconsin Area Health Education Center (AHEC) was recognized because AHEC has written successful grants for Hmong health care projects in the past. They could be contacted to help implement the types of programs discussed at the meeting.

Of the ideas identified, several emerged as the “next best step” toward improving interpreting services. Below we discuss these ideas in-depth and offer a description of possible resources for implementing these ideas.

Certification of Medical Interpreters

A certification program coupled with interpreter training would help to solve many of the challenges currently faced by patients and interpreters in the community. A comprehensive training program would include medical terminology and ethics for interpreters. Certification standards could be created at the state or local level.

In the past decade, many states have worked with Federal fund-matching grants to establish formalized medical interpreter certification guidelines and programs. These states include Hawaii, Washington, Maine, Utah, and Minnesota. The Department of Health in the State of Minnesota has worked to improve medical interpretation services for state residents (Morse 2002). Wisconsin does not have such a program for Hmong interpreters, and this type of training, whether developed at the state level or coordinated through a network of health facilities, could help improve interpreting services in Wausau.

Minnesota’s program includes “a spoken language resource guide; professional standards for interpreters; contact information for interpreter services and payment rates; a translation protocol for written materials; and examples of new software to aid in translation.” While these services greatly improve medical interpreting throughout the state, these services are quite costly. Minnesota’s legislature recently devoted \$4.3 million (\$1.9 million of which is from the Federal government) to improving interpreter services and access to services for Minnesota’s Medicaid recipients (Morse 2002). While this is a good option, such a costly program may be difficult for the State of Wisconsin to implement in the near future because of budget restrictions; however, it is an important option to discuss, and similar programs can be created and implemented independent of the state. In the case of Wausau, clinics and interpreters could work together to ensure high quality interpreting services are provided.

Include Health Professionals in Medical Interpreter Training

Health professionals can contribute to interpreter training in two ways. The first is for medical specialists to hold information sessions for interpreters so interpreters can gain awareness of terminology used in specialty fields. Second, medical professionals could help create a more effective physician-patient-interpreter relationship by learning about the best ways to work with interpreters. In the Wausau community, health professionals could be contacted to teach interpreters about their field. Medical professional training about working with interpreters could be addressed at the local level through health care facilities.

Use Local Hmong Television Program To Educate Patients

The “Hmong News” program described above began airing in early April 2003. This program reaches many in the Hmong community around Wausau, and it provides a forum for discussion of many health issues, including medical interpreting. Creating educational segments about the rights of patients to interpreters, discussing the code of ethics for interpreters, and providing information about interpreting services available in the community could improve health care for the Hmong.

Increase the Number of Interpreters

Developing contacts and connections with Hmong language classes throughout the state could encourage people fluent in both Hmong and English to pursue a career as an interpreter. In addition, educational institutions may be able to offer medical Hmong language courses to train people already fluent in Hmong and English.

An example of a well-developed language program that could serve as a resource for training and recruiting of medical interpreters is the South East Asian Studies Summer Institute (SEASSI). Since 1983, SEASSI has offered intensive language training in South East Asian languages including Vietnamese, Khmer, Lao, Thai and Hmong. SEASSI stresses the importance of developing language proficiency in the areas of speaking, writing, listening and reading. The institute currently offers two programs specifically regarding the Hmong language: 1) an intensive language program offering instruction for students who wish to develop their proficiency up to the third level Hmong; and 2) a Hmong heritage language program which integrates language, culture, and history with the development of writing and reading skills.

SEASSI is a traveling institute that resides for three summers at any one of 15 member universities in the SEASSI consortium. SEASSI will be based at the UW-Madison for the summers of 2003 and 2004. This year's institute will run for eight weeks from June 16 to August 8. SEASSI also offers a number of scholarships and fellowships for students who wish to participate, including the Wisconsin Bilingual Education Grant, Tuition Fellowships, and Heritage Language Fellowships.

SEASSI is a possible resource in recruiting future medical interpreters proficient in the Hmong language. Hmong language courses are also offered by technical colleges and universities throughout the state of Wisconsin. University of Wisconsin-Stevens Point, UW Extension-Marathon County, and Northcentral Technical College also provide the opportunity for recruitment and medical language training.

SEASSI

<http://wiscinfo.doit.wisc.edu/seassi/>

Hmong Heritage Language Program

<http://wiscinfo.doit.wisc.edu/SEASSI/heritage/hmong/index.html>

Conclusion

The Hmong in Wausau have a strong network of health services and many resources are available in the community. Medical interpreters provide an essential service to Hmong residents who are not fluent in English because many residents would struggle to obtain health care without skilled interpreters. While the existing network of interpreters is strong, increased training for interpreters and health care professionals and patient education will help improve the effectiveness of medical interpreters. Certification programs, training, health care professional involvement, public education, and recruitment of more interpreters will help to strengthen interpreting services in the community. In turn, improved medical interpreting services can work to improve many areas of health care – from diabetes treatment and prevention to dentistry to mental health. Community members have a variety of resources to turn toward to implement new programs in the Wausau area.

Resources

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