



THE STATE OF THE HMONG AMERICAN COMMUNITY 2013



A subsidiary of Hmong American Partnership

**2010 U.S. CENSUS REPORT
HMONG NATIONAL DEVELOPMENT
WASHINGTON, D.C.**

ABOUT HMONG NATIONAL DEVELOPMENT

HISTORY

Founded in 1993 HND, is the leading national policy advocacy organization for the Hmong American community. This year HND celebrates our 20th Anniversary. For the past two decades, HND has provided local Hmong non-profit organizations with capacity building and technical assistance tools, advocated in Washington, DC for legislation which impacts our community, cultivated leadership in youth through our internship programs and local youth empowerment models, and most notably are recognized for our exemplary Hmong National Development Conference.

MISSION

HND empowers the Hmong community to achieve prosperity and equality through education, research, policy advocacy and leadership development.

VISION

A united, thriving Hmong Community.

ACKNOWLEDGEMENTS

HND would like to thank the following for their contributions to and support of this publication:

- Dr. Mark Pfeifer, Hmong Studies Journal – Co-Editor
- Bruce Thao, Hmong National Development – Co-Editor
- All contributing authors (*for full biographies see page 5*)
- Doua Thor, Southeast Asia Resource Action Center – Advisor
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ABOUT THIS REPORT

The *State of the Hmong American Community* report is a compilation of work from scholars that analyze the current state of Hmong Americans across the United States. It is based upon 2010 Census data, the American Community Survey, and academic literature reviews. Each piece assesses trends in six issue areas, including population growth and demographics, socioeconomic, education, household, health disparities and mental health.

These specific authors were invited to contribute to the report given their expertise in Hmong American studies, as well as within their respective disciplines. The diversity of disciplines, authors, and regions represented is a strength of this report, allowing for multiple voices to be heard. That being said, Hmong National Development (HND) would like to make it clear that the content or language in the articles does not explicitly represent the views of HND. Yet as a collective, they tell a broader story of how the Hmong American community has progressed since the last Census in 2000. We believe this information must be shared with community members, educators, policy makers, and others serving the Hmong American community.

If you have feedback or questions regarding any of the content within the articles, please follow up directly with the first author of the article. Contact information is provided in the next section.

HOW YOU CAN USE THIS REPORT

The U.S. Census projects that minorities will become the majority of the population in 2050. This will tremendously impact services, programs, needs, and social dynamics in the U.S. Diverse ethnic groups such as Hmong Americans are increasingly a powerful voice in public policy, community engagement, and industry development. In an effort to help all Americans better understand the potential of Hmong Americans, this report provides critical information to guide service providers and policymakers in addressing the needs and assets in the Hmong American community. While much more data and research on Hmong American communities is needed, this report elevates some of the most reliable disaggregated and consistent data available through the federal government and other sources. HND hopes that you will utilize this report as a public education and systems-change engagement tool.

The *State of the Hmong American Community* report is part 1 in a series of reports that HND will be releasing over the course of this year. While this report contains a high-level overview of the data and trends within the community, the second report we will be releasing will contain HND's policy priorities and specific policy implications to address several of the issues discussed in the data. A third report will complement these statistics and quantitative data with qualitative data that was collected through a series of listening sessions we conducted in Hmong communities across Central Valley, California. The third report will also focus on leadership and organizational capacity in the Hmong community in CA. This research will eventually expand to Minnesota, Wisconsin and other areas in the next year.

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The contact information for first authors of each article is listed if you need more information regarding a particular topic.

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Kx. Wayne Yang is an adjunct professor, community advocate, and ministry director. He is the President, CEO and founder of Hmong Village, Inc. Wayne received his Master's of Divinity from Midwestern Baptist Theological Seminary and a Master's of Science in Anthropology from the University of Kansas. He is currently an adjunct professor at the Kansas City area Community Colleges and Park University.

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EXECUTIVE SUMMARY

Below is a summary of the key trends and recommendations for policy and programming discussed in the articles within this report. For details and citations please refer to the full article and author.

DEMOGRAPHIC TRENDS

Age and population trends for Hmong in the United States are quickly shifting:

- The Hmong population in the United States increased by 40% from 2000 to 2010.
- Most notable is the exponential population increase of Hmong relocating to Alaska and Southern states (134% from 2000 to 2010).
- In comparison to both the general population and the Asian American population, Hmong Americans have the largest youth population (44% under the age of 18).

Hmong in the aforementioned areas need targeted educational, health and social services as well as programming to promote cultural awareness and cross-cultural understanding with other local populations.

EMPLOYMENT

Hmong Americans' heavy concentration in certain industries impacted by the U.S. economic crisis has affected multiple aspects of their lives:

- 29% of Hmong workers are employed in manufacturing jobs. Their concentration in this industry has made them vulnerable to the declining availability of manufacturing jobs.

These and other challenges impacting the Hmong American workforce require that job training policies at the federal, state, and local level include measures to build their skills to enter other industries.

POVERTY

The decline in overall poverty in the Hmong population from 40% in 2000 to 25% in 2010 is a sign that many Hmong Americans are doing better relative to previous decades. However, income remains a significant issue for the community and today the Hmong remain one of the poorest ethnic groups in the U.S.

- Differences in income are apparent depending on geographic region and gender
- Hmong females earn a median annual income \$3,000 less than Hmong men
- Hmong men earn a median annual income almost \$16,000 less than men in the U.S. in general

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.

HOUSING

Despite today's record low interest rates, joblessness and credit problems prevent many Hmong American household heads from purchasing homes.

- At the federal level, Home Mortgage Disclosure Act (HMDA) data does not currently disaggregate for Asian American subgroups such as the Hmong. However like all Americans, Hmong Americans suffered high rates of foreclosure through the recent economic downturn.
- For example, Hmong are concentrated in cities with nationally high foreclosure rates such as in Merced, California.

These problems can be alleviated through policies and programs that support financial counseling & financial literacy, job creation, and small business development.

EDUCATION

Recent reports have highlighted the disparities in educational attainment for Hmong.¹ It is clear that Hmong have some of the lowest bachelor's degree attainment rates across racial & ethnic groups. This section, however, also highlights disparities in Hmong students' opportunities to enter college preparatory academic tracks given state-mandated systems of language classification and tracking in public schools across the country.

- During the 2010-11 California academic school year, 58% of K-12 Hmong students were classified as English Language Learners.

Educators and policy makers need to more critically examine language classification systems and their impact on language minority students.

FAMILY & HOUSEHOLD TRENDS

Given a relatively large young adult population, delayed marriage, and an increasing divorce rate among Hmong Americans, there will likely be a continued increase in the proportion of non-family households.

- The number of Hmong non-family households increased by 147.9%, from 1,971 in 2000 to 4,887 in 2008-2010.
- Like many American families, Hmong Americans are becoming increasingly diverse with individuals in non-traditional roles.

Educators and social service providers must be cognizant of these shifting demographics and how services and programming can be tailored to best support youth and families.

HEALTH DISPARITIES

A review of the literature highlights several health areas and methodological challenges that need to be addressed in the future:

- Anecdotal information suggests high incidence of cancer, diabetes, cardiovascular diseases, hepatitis, hypertension, and gout in the Hmong community. Nonetheless, there is an absence of research on how these diseases originate in and impact the Hmong community.
- Cancer has been the focus of many health studies. Yet these studies are limited to secondary data from nonacademic institutions and cross-sectional, nonclinical designs. Future studies need to focus on existing disparities across types of cancer, by age, gender, generation, and geography, and on longitudinal and clinical trial designs.
- Public policy makers need to ensure that health data can be broadly disaggregated by race, ethnicity, language spoken, and country of origin to facilitate health disparities research across racial/ethnic groups

MENTAL HEALTH

The specific mental health incidence rates of Hmong Americans have not been identified nor consistently researched in the past three decades.

- A small number of important studies have been published that discuss mental health experiences of Hmong Americans, though there has not been any systematic attempt by researchers to estimate the mental health incidence rate among Hmong Americans.
- Future scholars are encouraged to develop research protocols to provide more depth and insight about the evolving mental health experiences and needs of this population.
- More robust and culturally appropriate initiatives are still needed to help Hmong Americans access mental health care.

¹ See national and regional reports from the Asian American Center for Advancing Justice: <http://advancingjustice.org/>

HMONG POPULATION AND DEMOGRAPHIC TRENDS IN THE 2010 CENSUS AND 2010 AMERICAN COMMUNITY SURVEY

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INTRODUCTION AND METHODOLOGY

Various ethnic minority groups have been reported to have been undercounted by the 2010 Census (Yen, 2012). Language and cultural barriers, a lack of community outreach about the census, the preference of some respondents to choose national origin as opposed to ethnic origin categories on the census form as well as widespread suspicion of government surveys have all been suggested in the past as possible contributing factors to an undercount among Hmong and other immigrant and refugee populations (Pfeifer and Lee, 2004; Carroll and Udalova, 2005). Similar to the 2000 census, it is very likely an undercount occurred with the 2010 Census. Specifically, there is evidence that some Hmong reported their identity as Laotian to 2010 census survey takers. However, given the strong outreach effort among Hmong and Asian organizations in local communities and the increasing acculturation of Hmong Americans, it is quite likely that the undercount was somewhat less in 2010 than ten years earlier.

Recent changes in the Census Bureau's data collection compelled the utilization of a variety of data sources for this article. In the past few censuses, Summary File 4 of the decennial Census was the source of the most detailed socioeconomic, demographic and educational data related to the Hmong and other ethnic populations. Starting with the 2010 Census, the long-form survey and Summary File 4 were eliminated from the Census. These were replaced with the American Community Survey (ACS), which is given out annually to about 10% of the U.S. population and administered to a much smaller sample than those who had previously received the long form. For the purposes of this article, Summary File 1 of the 2010 Census was the primary source of population-related data. Demographic variables were derived from the 2010 ACS 3-year and 5-year estimate datasets. The figures provided in most of the data tables represent persons who claimed a Hmong ethnic origin as at least one of their ethnic identities in the Census or ACS (i.e. Hmong Alone or Hmong Alone or in any Combination).



Photo courtesy of Hmong American Partnership

NATIONAL TRENDS

In the 2010 Census, 260,073 persons of Hmong origin were counted in the 50 U.S. states, the District of Columbia, and Puerto Rico. This represents a 40% increase from the 186,310 Hmong enumerated in the United States in 2000. The growth rate of the U.S. Hmong population in the 1990-2000 period was 97%. The U.S. Hmong population count was 94,439 in 1990, between 1990 and 2010, the enumerated Hmong population in the U.S. increased 175% (Table 1).

In 2010, the largest Hmong population continued to reside in California (91,224), followed by Minnesota (66,181), and Wisconsin (49,240)—states that have ranked second and third since the 1990 Census (Tables 2A and 2B). Other states with sizable Hmong populations include: North Carolina (10,864), Michigan (5,924), Colorado (3,859), Georgia (3,623), Alaska (3,534), Oklahoma (3,369), and Oregon (2,920).

TABLE 1

HMONG POPULATION
UNITED STATES AND REGIONAL DISTRIBUTIONS, 1990-2010

	1990 Hmong Pop.	2000 Hmong Pop.	2010 Hmong Pop.	% Change 1990- 2000	% Change 2000- 2010	% Change 1990- 2010	1990 % of U.S. Hmong Pop.	2000 % U.S. Hmong Pop.	2010 % U.S. Hmong Pop.
United States	94,439	186,310	260,073	97%	40%	175%	N.A.	N.A.	N.A.
Northeast	1,941	3,781	3,860	71%	16%	99%	2.0%	2.0%	1.5%
South	1,272	11,645	24,230	714%	134%	1805%	1.3%	6.2%	9.3%
Midwest	38,796	91,034	126,713	115%	52%	227%	41.1%	48.9%	48.7%
West	52,430	79,850	105,270	38%	46%	101%	55.5%	42.9%	40.5%

US Census Bureau, 1990 Census

US Census Bureau, 2000 Census, Summary File 1, PCT 1

US Census Bureau, 2010 Census, Summary File 1, PCT 7

REGIONAL AND STATE TRENDS

NORTHEAST

Between 2000 and 2010, population growth was quite limited among the very modestly-sized Hmong populations in the majority of the Northeast states. The overall growth rate in the region was just 16%. The Northeast's share of the overall enumerated U.S. Hmong population in 2010 was a total of 3,860 or only about 1.5%.

SOUTH

Some of the most impressive growth in Hmong populations occurred in several Southern states in the 2000-2010 period, including North Carolina, South Carolina, Florida, Arkansas, Oklahoma, and Texas as Hmong Americans moved to these regions for jobs and/or to work in farming. The overall growth rate in the South was 134%, the highest of the four regions due to strong rates of growth in the Hmong populations in several Southern states. The South's proportion of the overall U.S. Hmong population in 2010 was 24,230 or just above 9%.

MIDWEST

The growth rate of the Hmong population in the Midwest states from 2000-2010 was 52%. The largest share of enumerated Hmong in the United States (126,713 or just under 49%) lived in the Midwest region in 2010. According to the 2010 Census figures, the Hmong population in the Midwest continued to be heavily concentrated in the states of Minnesota and Wisconsin, with a substantial population in Michigan and major increases in the states of Missouri and Kansas.

WEST

In the Western region, most of the Hmong population continued to be concentrated in California. In the West, the overall growth rate from 2000-2010 was 46%. The West was the only region where the growth rate was greater over the past decade than it had been from 1990-2000. The proportion of the U.S. Hmong population residing in the Western states in 2010 was 105,270 or just over 40%. The most notable expansion of a Hmong community in the Western region over the decade occurred in Alaska.

A CLOSER LOOK:

HMONG FAMILIES IN ALASKA

"Life in Alaska is better than we think it is. There *are* summers," said 23 year-old Nhia Xiong, a 12-year resident of Anchorage, Alaska. Nhia is the fifth oldest of seven children and was born in Minneapolis, MN. His parents, like many Hmong elders in the United States, were born and raised in Laos. "They immigrated to the U.S. decades ago, but missed their homeland," said Nhia. "That's one reason why we moved to Alaska. My dad had visited Alaska in the summer of 2000 and really liked the landscape. It reminded him of Laos."

When the Nhia family moved to AK there were less than 100 Hmong families. Yet there was a strong enough community that they hosted a Hmong New Year celebration in 2000. That year many other Hmong families also came and within two months of Nhia's move, at least 15 more Hmong families had arrived from across the country.

Nhia is often asked if his family gets paid to live in AK. He admits that his family, as well as most Hmong families that he knows, moved to Alaska in part because of the state's Permanent Fund Dividend (PFD).¹ There was also a good Medicare and welfare system, especially for families with small children. However, it wasn't just easy money with little to do. Nhia describes a busy life similar to anywhere else in the U.S. "We went to school, played outside, and worked. There weren't a lot of Hmong families but there were other kinds of people there too. Alaska isn't just empty mountains. But like any moving or changing situation, there are challenges."

Nhia expressed that life in Alaska was difficult to adjust to in the beginning. There was the time difference; although AK was only three hours behind Minnesota, communication with family in MN was difficult. "The amount of daylight and nighttime was perhaps the biggest thing to get used to," Nhia chuckled. "If you're an outdoor person like I am, you can fish all day and all night in the summer." During the summer seasons, there could be up to 24 hours of daylight. But during winter seasons, there could be up to 20 hours of nighttime. Nhia and his parents described Minnesota as a place with a lot of manufacturing companies and assembly line jobs. However, Nhia shared that Alaska's economy was focused on oil rigging and construction. "Alaska is more about businesses that are growing; it's a place to negotiate and exchange ideas or collect data."

As Alaska's business sector grew, so did the Hmong community. Nhia recalls about 10 to 15 families moving to the state each year. Within five years of living in Alaska, the Hmong community was able to establish two Hmong non-profit organizations that mainly worked to help Hmong people learn English and find jobs. They also taught the growing second-generation (American-born Hmong) how to read, write, and speak Hmong. Now there are small Hmong classes that teach Hmong language, qeej, and other Hmong traditions. Until this interview, it did not occur to Nhia how the Hmong community in AK has grown. "I am amazed. Sometimes when you think about it, you don't think many people know about the Hmong. But when you have Hmong words put in brochures and written at the hospital and schools, it's really something."

¹ The PFD is a reserve of funds established in 1976 from oil revenue and earmarked for individuals with established AK residency. The average annual dividend payout varies; in 2008 AK residents received \$2,069 per person, but in 2012 that amount was \$878 per person (Annual Dividend Payouts: Alaska Permanent Fund Corporation. Retrieved from: <http://www.apfc.org/home/Content/dividend/dividendamounts.cfm>)

TABLE 2A

HMONG POPULATION
UNITED STATES, 1990-2010

*US CENSUS BUREAU, 1990 CENSUS

**US CENSUS BUREAU, 2000 CENSUS, SUMMARY FILE 1, PCT 1

***US CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1, PCT 7

	1990 pop.*	2000 pop.**	2010 pop.***	% Change 1990-2000	% Change 2000-2010	% Change 1990-2010
United States	94,439	186,310	260,073	97%	40%	175%
Midwest Region	38,796	91,034	126,713	115%	52%	227%
Minnesota	17,764	45,443	66,181	135%	58%	273%
Wisconsin	16,980	36,809	49,240	99%	46%	190%
Michigan	2,304	5,998	5,924	134%	10%	157%
Kansas	543	1,118	1,732	85%	73%	219%
Illinois	424	604	651	14%	34%	54%
Ohio	199	407	589	89%	57%	196%
Iowa	341	303	534	-18%	91%	57%
Indiana	101	172	218	49%	45%	116%
Nebraska	135	108	188	-25%	86%	39%
South Dakota	0	42	94	NA	203%	NA
Missouri	0	26	1,329	NA	5,438%	NA
North Dakota	5	4	33	-40%	1,000%	560%
West Region	52,430	79,850	105,270	38%	46%	101%
California	49,343	71,741	91,224	32%	40%	85%
Colorado	1,207	3,351	3,859	149%	29%	220%
Oregon	595	2,298	2,920	253%	39%	391%
Washington	853	1,485	2,404	52%	86%	182%
Alaska	0	321	3,534	NA	1,144%	NA
Montana	151	229	253	39%	20%	68%
Utah	219	190	426	-28%	171%	95%
Nevada	38	117	254	158%	159%	568%
Idaho	0	45	44	NA	33%	NA
Arizona	24	36	229	25%	663%	854%
Hawaii	0	22	87	NA	335%	NA
New Mexico	0	15	28	NA	180%	NA
Wyoming	0	0	8	NA	NA	NA

TABLE 2A

HMONG POPULATION
UNITED STATES, 1990-2010

*US CENSUS BUREAU, 1990 CENSUS

**US CENSUS BUREAU, 2000 CENSUS, SUMMARY FILE 1, PCT 1

***US CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1, PCT 7

	1990 pop. *	2000 pop. **	2010 pop. ***	% Change 1990-2000	% Change 2000-2010	% Change 1990-2010
South Region	1,272	11,645	24,230	714%	134%	1,805%
North Carolina	544	7,982	10,864	1,204%	53%	1,897%
Georgia	386	1,615	3,623	280%	147%	839%
Oklahoma	166	579	3,369	231%	514%	1,930%
South Carolina	40	570	1,218	1,198%	135%	2,945%
Texas	90	422	920	286%	165%	922%
Tennessee	26	164	400	462%	174%	1,438%
Florida	6	163	1,208	1,867%	924%	20,033%
Virginia	14	55	188	221%	318%	1,243%
Arkansas	0	33	2,143	NA	7,837%	NA
Louisiana	0	23	49	NA	250%	NA
Kentucky	0	17	71	NA	610%	NA
Mississippi	0	9	50	NA	456%	NA
Alabama	0	11	122	NA	3,967%	NA
West Virginia	0	2	5	NA	150%	NA
Northeast Region	1,941	3,781	3,860	71%	16%	99%
Massachusetts	134	1,303	1,080	741%	-4%	706%
Rhode Island	1,185	1,112	1,015	-16%	1%	-14%
Pennsylvania	458	844	1,021	66%	35%	123%
New York	142	281	296	56%	33%	108%
Connecticut	6	163	225	2,317%	55%	3,650%
New Jersey	16	27	83	38%	277%	419%
New Hampshire	0	21	27	NA	50%	NA
Maryland	0	15	76	NA	660%	NA
District of Columbia	0	6	26	NA	333%	NA
Vermont	0	5	1	NA	-80%	NA
Maine	0	3	7	NA	133%	NA
Delaware	0	1	3	NA	200%	NA

A CLOSER LOOK: HMONG FAMILIES IN ARKANSAS

Vang Moua is a 44-year old mother of four children. Vang, her husband and children are currently residing in Highfill, Arkansas, a small town just outside of Bentonville. Vang and her family moved to Arkansas from Minneapolis, MN 10 years ago after her husband lost his job. "We heard about the chicken house business from some relatives and decided to come see for it ourselves," Vang said. "We thought that was where the money was going to be."

Unfortunately, like many Hmong who moved to AR with dreams of financial success in the poultry industry, Vang and her family watched as others lost their farms due to multiple barriers which make it difficult to succeed in the industry. Among those are required building upgrades from the poultry companies that can cost upwards of \$500,000. These upgrades increase one's mortgage but do not guarantee long-term contracts. As a result, Vang and her family sold their farm to avoid financial ruin, and were able to diversify their income through cattle, selling produce at local farmers markets, and working in manufacturing jobs.

Vang expressed that during their time in AR they experienced a mixture of racial discrimination as well as southern hospitality. As the Hmong population grew, the racial tension died down. Furthermore, she finds the quiet landscape of Arkansas peaceful compared to the hustle and bustle of the Twin Cities. "It's very peaceful and quiet down here compared to the city. You have a very good amount of privacy and it reminds me of back when my parents used to live in Laos," said Vang. Similarly, many of the families who lost their farms decided to stay and find other means of income because they prefer the calmer pace of life and lower cost of living.

Vang expressed that since she and her family moved to Arkansas, it has brought her family closer together. "I have no intentions of moving back to the city. I like it down here enough to want to stay here for the rest of my life."



Photo courtesy of Hmong National Development

METROPOLITAN DISTRIBUTIONS OF HMONG POPULATION

Among U.S. metropolitan areas, by far the largest Hmong population lived in the Minneapolis-St. Paul-Bloomington metro area (64,422) (Tables 3A and 3B). Over the 2000-2010 decade, this region continued to consolidate its top rank among the highest urban concentrations of Hmong in the U.S. This was double the number of Hmong residents of the second largest population center: Fresno (31,771).

After Fresno, the next most sizable Hmong populations in 2010 were enumerated in Sacramento-Yolo (26,996), Milwaukee-Racine (11,904), Merced, CA (7,254), Stockton, CA (6,968), Hickory-Morganton-Lenoir, NC (5,951); Wausau, WI (5,927); Chico, CA (4,354), and Madison, WI (4,230). These areas comprise the ten largest metropolitan concentrations of Hmong as enumerated in 2010.

AGE DISTRIBUTION

The ACS 2008-2010 3-year estimates show the median age of the U.S. Hmong population (20.4 years old) to be considerably younger than the median age of the general population in the U.S. (37 years old) and the median age of the total Asian American population (33.1 years old) (Table 4). In 2010, 43.1% of the U.S. Hmong population was under 18, compared to 24.2% of the total U.S. population and 25.8% of the total U.S. Asian population. It is notable that the percentage of the Hmong population younger than 18 has dropped since the 2000 Census, when 56% of U.S. Hmong were under the age of 18 and the median age was 16.1 years old (Hmong National Development and Hmong Cultural Center, 2004). This was likely due to slowly decreasing fertility rates and household sizes among the Hmong American population over the decade.

GENDER DISTRIBUTION

The gender distribution of the Hmong population slightly favors males who compose 50.7% of the population (Table 5). This distribution differs to some degree from the total U.S. population in which 49.2% are male and 50.8% are female and from the U.S. Asian population in which 47.8% are male and 52.2% are female. Interestingly, the gender distribution of the Hmong population has remained largely the same since the 1990 Census, with a similar 51% - 49% male to female differential observed in 1990 and 2000 (Hmong National Development and Hmong Cultural Center, 2004).

TABLE 3A

METROPOLITAN AREAS
HMONG POPULATIONS BY RANK

2010 U.S. Metropolitan and Micro Areas by Region	2010 Hmong Pop.	2000 Hmong Pop.
Midwestern Metropolitan and Micro Areas		
1. Minneapolis-St. Paul-Bloomington, MN-WI Metro Area	64,422	40,707
4. Milwaukee-Waukesha-West Allis, WI Metro Area	11,904	8,078
8. Wausau, WI Metro Area	5,927	4,453
10. Madison, WI Metro Area	4,230	2,235
11. Detroit-Warren-Livonia, MI Metro Area	4,190	3,926
12. Sheboygan, WI Metro Area	4,168	2,706
13. Green Bay, WI Metro Area	4,152	2,957
14. Appleton, WI Metro Area	4,082	4,741*
17. La Crosse, WI-MN Metro Area	3,195	2,285
20. Eau Claire, WI Metro Area	2,749	1,920
23. Oshkosh-Neenah, WI Metro Area	2,320	N.A.
27. Kansas City, MO-KS Metro Area	1,754	948
28. Manitowoc, WI Micro Area	1,614	N.A.
31. Stevens Point, WI Micro Area	1,274	N.A.
35. Lansing-East Lansing, MI Metro Area	958	855
36. Menomonie, WI Micro Area	832	N.A.
40. Marshfield-Wisconsin Rapids, WI Micro Area	705	N.A.
Western Metropolitan and Micro Areas		
2. Fresno, CA Metro Area	31,771	22,456
3. Sacramento--Arden-Arcade--Roseville, CA Metro Area	26,996	16,261
5. Merced, CA Metro Area	7,254	6,148
6. Stockton, CA Metro Area	6,968	5,653
9. Chico, CA Metro Area	4,354	2,887
15. Anchorage, AK Metro Area	3,494	262
16. Denver-Aurora-Broomfield, CO Metro Area	3,426	2,976
21. Portland-Vancouver-Hillsboro, OR-WA Metro Area	2,713	2,117
18. Yuba City, CA Metro Area	2,883	2,798
25. Los Angeles-Long Beach-Santa Ana, CA Metro Area	1,960	2,500
26. Seattle-Tacoma-Bellevue, WA Metro Area	1,768	902
29. Riverside-San Bernardino-Ontario, CA Metro Area	1,598	N.A.
30. San Diego-Carlsbad-San Marcos, CA Metro Area	1,388	1,441
33. Visalia-Porterville, CA Metro Area	1,086	1,170
39. Eureka-Arcata-Fortuna, CA Micro Area	721	N.A.
42. San Francisco-Oakland-Fremont, CA Metro Area	680	872
48. Crescent City, CA Micro Area	616	N.A.
49. Modesto, CA Metro Area	611	813
50. Santa Barbara-Santa Maria-Goleta, CA Metro Area	517	552

U.S. CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1
ASIAN ALONE OR IN COMBINATION WITH ONE OR MORE OTHER RACES, AND WITH ONE OR
MORE ASIAN CATEGORIES FOR SELECTED GROUPS, PCT 7

*Appleton-Oshkosh-Neenah were considered a single metropolitan area in 2000.

TABLE 3B

METROPOLITAN AREAS
HMONG POPULATIONS BY RANK

2010 U.S. Metropolitan and Micro Areas by Region	2010 Hmong Pop.	2000 Hmong Pop.
<u>Southern Metropolitan and Micro Areas</u>		
7. Hickory-Lenoir-Morganton, NC Metro Area	5,951	4,207
19. Atlanta-Sandy Springs-Marietta, GA Metro Area	2,864	1,097
22. Tulsa, OK Metro Area	2,483	505
24. Charlotte-Gastonia-Rock Hill, NC-SC Metro Area	2,291	1,024
32. Fayetteville-Springdale-Rogers, AR-MO Metro Area	1,239	N.A.
37. Spartanburg, SC Metro Area	799	436
38. Albemarle, NC Micro Area	730	N.A.
41. Dallas-Fort Worth-Arlington, TX Metro Area	683	277
44. Statesville-Mooresville, NC Micro Area	659	N.A.
46. Tampa-St. Petersburg-Clearwater, FL Metro Area	631	N.A.
<u>Northeastern Metropolitan and Micro Areas</u>		
34. Providence-New Bedford-Fall River, RI-MA Metro Area	1,049	1,004
43. Lancaster, PA Metro Area	668	494
45. Worcester, MA Metro Area	658	N.A.

U.S. CENSUS BUREAU, 2010 CENSUS, SUMMARY FILE 1
ASIAN ALONE OR IN COMBINATION WITH ONE OR MORE OTHER RACES, AND WITH ONE OR
MORE ASIAN CATEGORIES FOR SELECTED GROUPS, PCT 7

TABLE 4

AGE DISTRIBUTION
HMONG, ASIAN AND TOTAL POPULATION
UNITED STATES, CALIFORNIA, MINNESOTA, WISCONSIN

	U.S. Total	U.S. Asian	U.S. Hmong	MN Total	MN Hmong	WI Total	WI Hmong	CA Total	CA Hmong
	306,738,433	16,714,862	256,430	5,279,601	63,407	5,667,100	48,189	36,971,641	95,120
Under 5 years	6.6%	7.60%	12.3%	6.7%	12.7%	6.3%	12.9%	6.9%	12.1%
5 to 17 years	17.6%	18.2%	30.8%	17.6%	32.1%	17.4%	30.7%	18.3%	31.1%
18 to 24 years	10.0%	10.7%	18.6%	9.6%	17.5%	9.8%	19.9%	10.5%	18.2%
25 to 34 years	13.2%	16.6%	16.4%	13.4%	15.9%	12.5%	15.9%	14.3%	16.7%
35 to 44 years	13.6%	15.9%	8.9%	13.2%	9.4%	13.1%	9.6%	14.1%	7.9%
45 to 54 years	14.6%	13.1%	5.8%	15.3%	6.1%	15.4%	4.9%	14.1%	5.7%
55 to 64 years	11.6%	9.4%	3.9%	11.5%	3.3%	12.0%	3.4%	10.6%	4.7%
65 to 74 years	6.9%	5.1%	2.0%	6.5%	1.9%	6.9%	1.8%	6.0%	2.1%
75 years and over	6.0%	3.4%	1.1%	6.2%	1.1%	6.6%	0.8%	5.3%	1.5%
Median Age	37.0	33.1	20.4	37.3	19.7	38.4	20.2	35	20.4
18 years and over	75.8%	74.2%	56.8%	75.7%	55.2%	76.3%	56.4%	74.8%	56.8%
21 years and over	71.3%	69.6%	48.2%	71.5%	46.9%	72.0%	47.4%	70.1%	48.1%
62 years and over	15.9%	10.8%	3.9%	15.6%	3.6%	16.4%	3.3%	13.9%	4.6%
65 years and over	12.9%	8.5%	3.1%	12.7%	3.1%	13.5%	2.6%	11.3%	3.6%

U.S. Census Bureau, 2008-2010 American Community Survey 3-year Estimates

TABLE 5

GENDER DISTRIBUTION
 HMONG, ASIAN AND TOTAL POPULATION
 UNITED STATES, CALIFORNIA, MINNESOTA, WISCONSIN

	Male	Female
U.S. Total	49.2%	50.8%
U.S. Asian	47.8%	52.2%
U.S. Hmong	50.7%	49.3%
MN Total	49.7%	50.3%
MN Hmong	50.8%	49.2%
WI Total	49.6%	50.4%
WI Hmong	50.1%	49.9%
CA Total	49.7%	50.3%
CA Hmong	51.0%	49.0%

U.S. Census Bureau, 2008-2010 American Community Survey 3-year Estimates

DISABILITY STATUS

In general, the U.S. Hmong population displayed a lower rate of disability than the total U.S. population, with 7.6% of the Hmong population and 12% of the total U.S. population reporting a disability (Table 6). However, when looking at the population 65 years and older, disability was reported at a greater rate among the Hmong (50.7%) than the total U.S. population (37.2%). The U.S. Hmong population displayed a greater rate of disability than the U.S. Asian population across all age categories.

TABLE 6

DISABILITY STATUS
 HMONG AND TOTAL POPULATION
 UNITED STATES, CALIFORNIA, MINNESOTA, WISCONSIN

	Total U.S.	U.S. Asian	U.S. Hmong	Total MN	MN Hmong	Total WI	WI Hmong	Total CA	CA Hmong
Total Population	301,501,772	16,603,048	255,212	5,219,834	63,193	5,587,423	48,061	36,414,291	94,593
With a Disability	12.0%	6.2%	7.6%	9.9%	6.6%	10.8%	5.6%	10.0%	10.3%
Population Under 18	73,981,918	4,311,225	110,506	1,278,679	28,341	1,338,272	21,018	9,290,428	41,033
With a Disability	4.0%	2.0%	2.9%	3.6%	2.1%	4.0%	2.3%	3.0%	4.2%
Population 18 to 64 Years	189,239,988	10,891,301	136,745	3,299,467	32,990	3,513,027	25,786	23,054,795	50,125
With a Disability	10.0%	4.5%	8.8%	8.0%	7.5%	8.7%	7.1%	8.0%	11.8%
Population 65 Years and Older	38,279,866	1,400,522	7,961	641,688	1,862	736,124	1,257	4,069,068	3,435
With a Disability	37.2%	32.8%	50.7%	32.2%	57.9%	32.9%	30.2%	37.5%	60.3%

U.S. Census Bureau, 2008-2010 American Community Survey 3-year Estimates

HEALTH INSURANCE

14.9% of the U.S. Hmong population was estimated to have no health insurance according to the ACS 3-year estimates which strongly parallels the 15% of the entire U.S. population with no coverage (Table 7). A much higher proportion of Hmong Americans, however, were estimated to rely on public sources of coverage (41.6%) compared to 28.5% of the entire U.S. population and 19.1% of U.S. Asians. Higher proportions of Hmong in California relied on public coverage and had no coverage compared to Hmong in Minnesota and Wisconsin.

TABLE 7

HEALTH INSURANCE COVERAGE
HMONG, ASIAN AND TOTAL POPULATION
UNITED STATES, CALIFORNIA, MINNESOTA, WISCONSIN

	Total U.S.	U.S. Asian	U.S. Hmong	Total MN	MN Hmong	Total WI	WI Hmong	Total CA	CA Hmong
Civilian Population	301,501,772	16,603,048	255,212	5,219,834	63,193	5,587,423	48,061	36,414,291	94,593
With Private Health Insurance	67.7%	71.9%	48.9%	77.8%	53.3%	75.0%	59.8%	62.7%	36.6%
With Public Coverage	28.5%	19.1%	41.6%	25.8%	39.5%	28.9%	36.0%	27.9%	51.6%
No Health Insurance Coverage	15.0%	14.3%	14.9%	8.8%	11.9%	9.1%	13.3%	17.9%	16.0%

U.S. Census Bureau, 2008-2010 American Community Survey 3-year Estimates



CITIZENSHIP STATUS AND FOREIGN BORN

According to the ACS 3-year estimates, 41.8% of the U.S. Hmong population was foreign-born compared to 12.8% of the total U.S. population and 59.6% of the total U.S. Asian population (Table 8). Of the foreign-born Hmong population, 40.5% were not citizens whereas 56.6% of the total U.S. foreign-born population and 43.1% of the U.S. Asian population did not hold U.S. citizenship. The percentage of foreign-born Hmong who are not U.S. citizens has fallen by 28.1 percentage points since the 2000 Census when 68.6% of foreign-born Hmong were not U.S. citizens (Hmong National Development & Hmong Cultural Center, 2004), while the percentage of all foreign-born non-citizens in the U.S. only fell by 3.5% from 2000 to 2010. This is an important trend for the Hmong community, as it is apparent that foreign-born Hmong are being naturalized at a much higher rate than the general foreign-born non-citizen population.

Among the U.S. foreign-born population, the Hmong population entered the U.S. in greater concentrations before the year 2000 when compared to the total U.S. foreign-born and total U.S. foreign-born Asian populations. This shows the decline in the proportion of Hmong refugees being resettled in the U.S. after 2000 compared to the 1980s and 1990s as well as the relatively limited role of immigration via family reunion among the Hmong in comparison to other ethnic communities.

TABLE 8

FOREIGN BORN, CITIZENSHIP STATUS AND TIME OF ENTRY
HMONG, ASIAN AND TOTAL POPULATION
UNITED STATES, CALIFORNIA, MINNESOTA, WISCONSIN

	Total U.S.	U.S. Asian	U.S. Hmong	Total MN	MN Hmong	Total WI	WI Hmong	Total CA	CA Hmong
Population	306,738,433	16,714,862	256,430	5,279,601	63,407	5,667,100	48,189	36,971,641	95,120
Native	267,399,163 (87.2%)	6,754,249 (40.4%)	149,336 (58.2%)	4,903,131 (92.9%)	36,273 (57.2%)	5,406,749 (95.4%)	27,513 (57.1%)	26,907,152 (72.8%)	55,749 (58.6%)
Male	49.1%	50.7%	51.0%	49.6%	52.8%	49.5%	49.9%	50.1%	50.8%
Female	50.9%	49.3%	49.0%	50.4%	47.2%	50.5%	50.1%	49.9%	49.2%
Foreign Born	39,339,270 (12.8%)	9,960,613 (59.6%)	107,094 (41.8%)	376,470 (7.1%)	27,134 (42.8%)	260,351 (4.6%)	20,676 (42.9%)	10,064,489 (27.2%)	39,371 (41.4%)
Male	49.2%	45.9%	50.2%	50.2%	48.1%	51.0%	50.3%	48.8%	51.3%
Female	50.8%	54.1%	49.8%	49.8%	51.9%	49.0%	49.7%	51.2%	48.7%
Foreign Born; U.S. Citizen	17,054,898	5,669,387	63,723	164,814	17,469	106,126	12,990	4,566,546	22,046
Male	45.8%	45.0%	50.0%	47.1%	46.6%	47.3%	50.0%	46.0%	52.1%
Female	54.2%	55.0%	50.0%	52.9%	53.4%	52.7%	50.0%	54.0%	47.9%
Percent of Foreign Born Population	43.4%	56.9%	59.5%	43.8%	64.4%	40.8%	62.8%	45.4%	56.0%
Foreign Born; not a U.S. Citizen	22,284,372	4,291,226	43,371	211,656	9,665	154,225	7,686	5,497,943	17,325
Male	51.9%	47.1%	50.7%	52.6%	50.8%	53.5%	50.8%	51.2%	50.3%
Female	48.1%	52.9%	49.3%	47.4%	49.2%	46.5%	49.2%	48.8%	49.7%
Percent of Foreign Born Population	56.6%	43.1%	40.5%	56.2%	35.6%	59.2%	37.2%	54.6%	44.0%
Population Born Outside of the U.S.	39,339,270	9,960,613	107,094	376,470	27,134	260,351	20,676	10,064,489	39,371
Entered 2000 or later	32.4%	33.5%	18.7%	42.2%	20.8%	37.6%	18.3%	25.7%	18.3%
Entered 1990 to 1999	27.8%	27.3%	28.7%	29.8%	27.1%	28.4%	31.9%	26.7%	31.5%
Entered before 1990	39.8%	39.2%	52.6%	28.0%	52.1%	33.9%	49.7%	47.6%	50.3%

U.S. Census Bureau, 2008-2010 American Community Survey 3-year Estimates

POLICY IMPLICATIONS

The above mentioned Hmong population and demographic trends have several policy implications. These include the continued imperative for an accurate count of the Hmong population in future U.S. Census surveys, the need for naturalization assistance to local Hmong communities and the necessity of enhanced attention to the growing Hmong populations in regions such as Anchorage, Alaska, Oklahoma, Missouri and Arkansas. The Hmong populations in these states need targeted educational, health and social services as well as programming to promote cultural awareness and cross-cultural understanding with other local populations.

IMPROVING THE CENSUS COUNT AND ASSISTING HMONG AMERICANS IN OBTAINING NATURALIZATION

The undercount of the Hmong American population could be further minimized in future census surveys by minimizing language and cultural barriers, enhancing the information the community has about the census, and directly encouraging respondents to choose ethnic origin as opposed to national origin categories on the census form. Outreach and advertisements in the ethnic media and community gathering places may help reduce suspicion of government surveys among the population.

Efforts also need to be made by the Census Bureau or other researchers to estimate the number of undocumented Hmong. It is known that there is a small, but growing undocumented Hmong population. Many of these individuals came to the United States legally from countries such as France, China and Laos as visitors, but have overstayed the duration of their visas (Yang, 2009). In a related vein, as discussed above, the rate of naturalization among the foreign-born Hmong American population has increased at an impressive rate over the past decade. Nonetheless, there are still thousands of Hmong residents of the U.S. who are not yet U.S. citizens. U.S. Citizenship and Immigration Services should be working proactively with Hmong community organizations with long histories of providing Citizenship services to ensure that linguistically and culturally appropriate resources (i.e. free classes and assistance filling out paperwork) are available to help Hmong refugees obtain naturalization status in the U.S.



Photo courtesy of Hmong American Partnership

A NEED FOR ENHANCED ATTENTION AND RESOURCES DIRECTED TOWARD EMERGING HMONG COMMUNITIES

The Alaskan Hmong community grew more than 1,000%, from less than 300 people in 2000 to 3,534 people in 2010. Yang (2009) did a preliminary study and found that many Hmong families from California, Minnesota, and the Northeastern U.S. had moved to Alaska for various reasons. Many moved there wanting to remove their children from perceived high-risk areas in Minneapolis-St. Paul and Fresno, California. Others migrated because of a lack of jobs during the recent economic recession. According to the 2006-2010 ACS5-year estimates, as discussed in Dr. Chia Youyee Vang's article, the Hmong community in Alaska possesses the lowest socioeconomic status on several variables when compared to Hmong populations in other states. The growing population in Alaska has received little attention to date from researchers. A needs assessment of the Hmong community in Alaska should be conducted so that programs may be developed to respond to their social and economic needs. Hmong and Asian organizations working to assist communities nationwide should also direct resources and social capital to assist the Alaskan Hmong community as well as Hmong populations suffering from high rates of poverty in other states.

AN INCREASING HMONG PRESENCE IN SOUTHERN STATES

In the past decade, the tri-state area of Southwest Missouri, Northwest Arkansas, and Northeast Oklahoma has become another region with a fast growing Hmong population. Reportedly, Hmong residing in these neighboring states have encountered many problems, including ethnic and racial tensions (Krupta, 2006). Many Hmong who moved to this region did so to begin poultry and cattle farming, but many have failed due multiple reasons, including a lack of business and management skills, access to capital, and access to agricultural resources. National advocacy groups should seek out ways to assist the Hmong in these regions to alleviate racial tensions and promote cross-cultural understanding with the mainstream society while also building the knowledge, personal capital, and resources necessary to successfully run small farms.

There is also 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 MO/AR/OK mentioned above, as well as the Carolinas.

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HMONG SOCIOECONOMIC TRENDS IN THE U.S.

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What factors have contributed to the socioeconomic status of Hmong Americans? Do the Hmong thrive in certain locations more than others? After nearly four decades in the United States, Hmong Americans are found in all corners of the country. Internal migrations resulted in the establishment of large and small communities in various localities. While there is no simple answer to the questions above, it is possible to obtain a snapshot of how the Hmong American community is faring at the beginning of the twenty-first century. This article examines socioeconomic trends from the American Community Survey (ACS) and discusses some policy implications for stakeholders.

TRENDS

Although it is difficult to fully understand the complex experiences of individuals and households, Census data provide indications of economic wellbeing; thus, they are useful for social service organizations and government entities to take into account when prioritizing policies and programs. The following trends emerged from an analysis of American Community Survey (ACS) three and five year estimates. Greater attention is given to the three states with large Hmong populations (California, Minnesota, and Wisconsin); however, comparison is made with other states when data is available.

EMPLOYMENT STATUS

The United States Department of Labor defines people with jobs as employed while people who are jobless, looking for jobs, and available for work are considered unemployed. People who are neither employed nor unemployed are not in the labor force. The sum of the employed and the unemployed constitute the civilian labor force (population 16 years and over). The proportion of people in the civilian labor force is the same for both the Hmong and total U.S. population: 65%. Some differences exist when examining employment status. While 59% of the U.S. civilian labor force is employed, the employed Hmong civilian labor force is 57%. Six percent in the U.S. population is unemployed compared to 8% for the Hmong population. Significant variations are found when comparing Hmong populations across the country. As shown in Table 1, the highest percentage that is employed is found in Georgia (79%) followed by Colorado (76%), North Carolina (74%), and Arkansas (74%). The lowest is in Oregon (57%). While Oregon's percentage of the Hmong civilian labor force is the lowest, it is important to note that 53% are employed. The California, Minnesota and Wisconsin Hmong civilian labor forces were enumerated at 58%, 65% and 70%, respectively.

TABLE 1: HMONG EMPLOYMENT STATUS

State	% Civilian Labor Force	% Employed
AK	73.8	68.2
AR	67.4	59.7
CA	58.2	49.6
CO	77.5	75.2
GA	79.4	71.4
MI	65.5	54.9
MN	65.1	57.3
NC	74.1	66.9
OK	63.5	55.8
OR	56.8	52.8
WA	60.1	53.1
WI	70.2	62.5



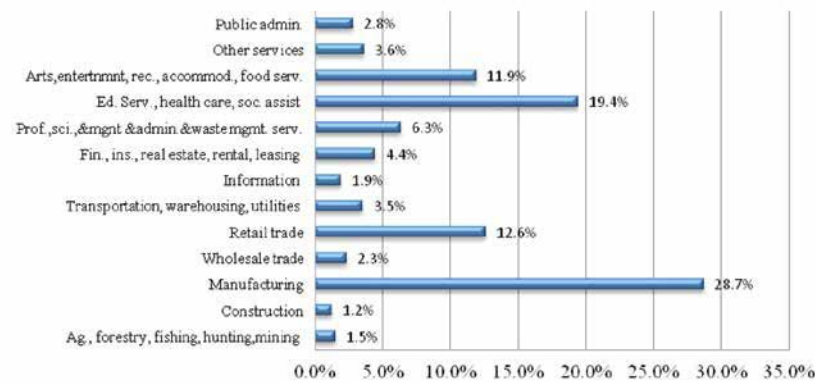
Photo courtesy of Hmong National Development

OCCUPATION BY INDUSTRY

As illustrated in Chart 1, Hmong occupations are concentrated in manufacturing (29%), a proportion which is much higher than the U.S. general population (11%) measured in this industry. Other common industries include educational services, and health care and social assistance (19%), retail trade (13%), and arts, entertainment, recreation, accommodation and food services (12%).¹

CHART 1
OCCUPATION BY INDUSTRY
U.S. HMONG POPULATION

Differences between the states with large Hmong concentrations are notable. In Wisconsin, 18% of the state's population is employed in manufacturing jobs while 40% of the Hmong population works in this industry. Minnesota



is similar to Wisconsin with 30% of Hmong in manufacturing compared to 14% of the state's total population. In contrast, 10% of California's population and 15% of the Hmong in this state work in manufacturing jobs. With the exception of more Hmong (17%) than the California population (9%) involved in arts, entertainment, recreation, accommodation and food services, there are no significant differences in the other industries.² While no Hmong work in manufacturing in Alaska, 50% of the Hmong populations in North Carolina and Oregon work in this industry. Alaska has the highest percentage of Hmong working in retail trade (41%) and the lowest participation in this industry is found in Oregon (5%). Whereas many Hmong Americans work in the education services, health care and social assistance industries in states with large Hmong populations, few do so in states such as Arkansas (2%) and Oregon (5%).³

1 U.S. Census Bureau, 2008-2010 ACS 3-year Estimates
2 U.S. Census Bureau, 2008-2010 ACS 3-year Estimates
3 U.S. Census Bureau, 2006-2010 ACS 5-year Estimates

OCCUPATIONAL DISTRIBUTION, TOTAL POPULATION AND GENDER DISTRIBUTION

Chart 2 contrasts the distributions of Hmong and total U.S. populations in various occupations. Hmong who are age 16 and over are employed in large numbers in production, transportation, and material moving occupations (31%) while those in the U.S. population in these occupations constitute only 12%. Service occupations are the only area where the Hmong (19%) participation rate is comparable to the U.S. population rate (18%). Sales and office occupations are about the same at 26% (Hmong) and 25% (U.S. population). Twenty percent of Hmong work in management, business, science, and arts occupations compared to 36% of the U.S. population. Only 5% of Hmong work in natural resources, construction, and maintenance occupations compared to 10% in the total U.S. population.

CHART 2

OCCUPATIONAL DISTRIBUTION
U.S. AND HMONG POPULATION

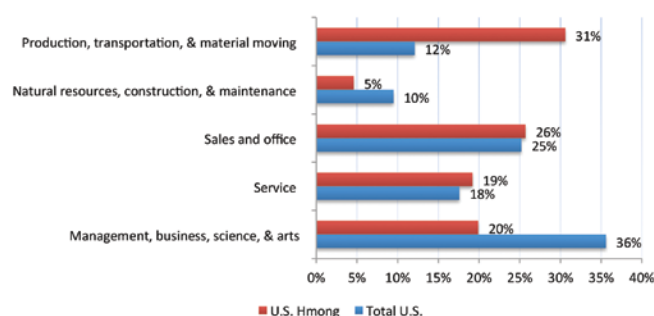
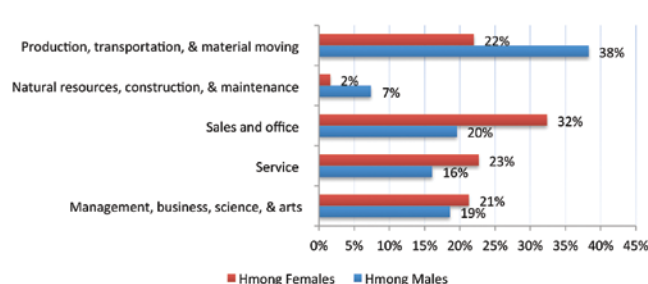


CHART 3

OCCUPATIONAL DISTRIBUTION BY GENDER
HMONG POPULATION



With respect to gender, a much higher percentage of Hmong men (38%) work in production, transportation, and material moving occupations than Hmong women (22%), as indicated on Chart 3. Hmong women are employed at a higher rate in several occupations than Hmong men, including: sales and office occupations (32% compared to 20%), service (23% compared to 16%) and management, business, science and arts (21% compared to 19%). Fewer Hmong women (2%) have natural resources, construction, and maintenance occupations than Hmong men (7%).⁴

When comparing Hmong occupations in different locations, the highest percentage of Hmong in management, business, science, and arts occupations is seen in Oregon (27%). Southern states tend to have fewer people in this industry as illustrated by the only 9% enumerated in Arkansas, North Carolina and Oklahoma. Alaska has a higher percentage participating in service occupations (33%) than any other states with Hmong populations over 2,000, and the lowest proportion is observed in Colorado (6%). The Alaska population also has the highest percentage of its population working in sales and office occupations (47%), but the lowest in production, transportation, and material moving occupations (11%). The Arkansas population has the highest participation in production, transportation, and material moving occupations (53%). In addition to Wisconsin, five other states have Hmong participation in this industry greater than 40%: North Carolina (49%), Colorado (46%), Oklahoma (44%), Michigan (40%) and Oregon (40%).⁵ The differences suggest that Hmong occupations are to some extent dictated by the types of employment opportunities available in different geographic locations.

4 U.S. Census Bureau, 2008-2010 ACS 3-year Estimates

5 U.S. Census Bureau, 2006-2010 ACS 5-year Estimates

HOUSEHOLD AND FAMILY INCOME

Household income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not, while family income consists of the incomes of all members 15 years old and over related to the householder.⁶ Interestingly, 91% of Hmong American households have earnings, which is higher than the 79% of U.S. households with earnings. However, Hmong households have lower median income than the total U.S. population: \$47,200 compared to \$51,200. In the three states with the largest Hmong populations, the biggest gap in household median income is seen in California. Whereas the state household median income is \$60,000, the Hmong household median income is \$43,400. In Minnesota, it is \$56,500 compared to \$49,400.

The Hmong household median income in Wisconsin (\$49,200) is closer to the state's household median income (\$50,800). As for Hmong median family income, it is \$15,000 lower than the total U.S. population (\$62,100 compared to \$47,400). The family income differences in California and Minnesota are even greater by \$25,000 (\$67,800 compared to \$42,600 Hmong) and \$22,000 (\$70,400 compared to \$48,200), respectively. The difference in Wisconsin is \$14,000 (\$64,000 compared to \$50,000).⁷ The highest Hmong median household and family incomes are not found in the three states with the largest Hmong populations, as illustrated in Table 2. Colorado's Hmong population leads in both, \$65,100 (household) and \$73,300 (family), followed by Georgia, \$54,000 (household) and \$58,600 (family). The lowest enumerated incomes are found in Alaska with \$23,700 (household) and \$24,100 (family).⁸

TABLE 2: HMONG HOUSEHOLD, FAMILY INCOME, AND PER CAPITA INCOME

State	Household	Family	Per Capita
AK	\$23,700	\$24,100	\$5,400
AR	\$55,200	\$56,700	\$13,00
CA	\$41,500	\$40,900	\$9,800
CO	\$65,100	\$73,300	\$15,200
GA	\$54,000	\$58,600	\$16,000
MI	\$47,500	\$47,500	\$11,600
MN	\$48,700	\$46,700	\$11,200
NC	\$45,500	\$44,500	\$10,800
OK	\$39,000	\$52,600	\$8,200
OR	\$52,700	\$54,200	\$15,600
WA	\$40,300	\$33,700	\$8,700
WI	\$48,000	\$50,500	\$11,400

While the percentage of Hmong female households with no husband present (17%) is similar to the U.S. population (19%), there are more Hmong male households with no spouse present (14%) than in the U.S. population (7%). A higher percentage of Hmong households include supplemental security income (SSI) than the U.S. general population (15% compared to 4%).⁹

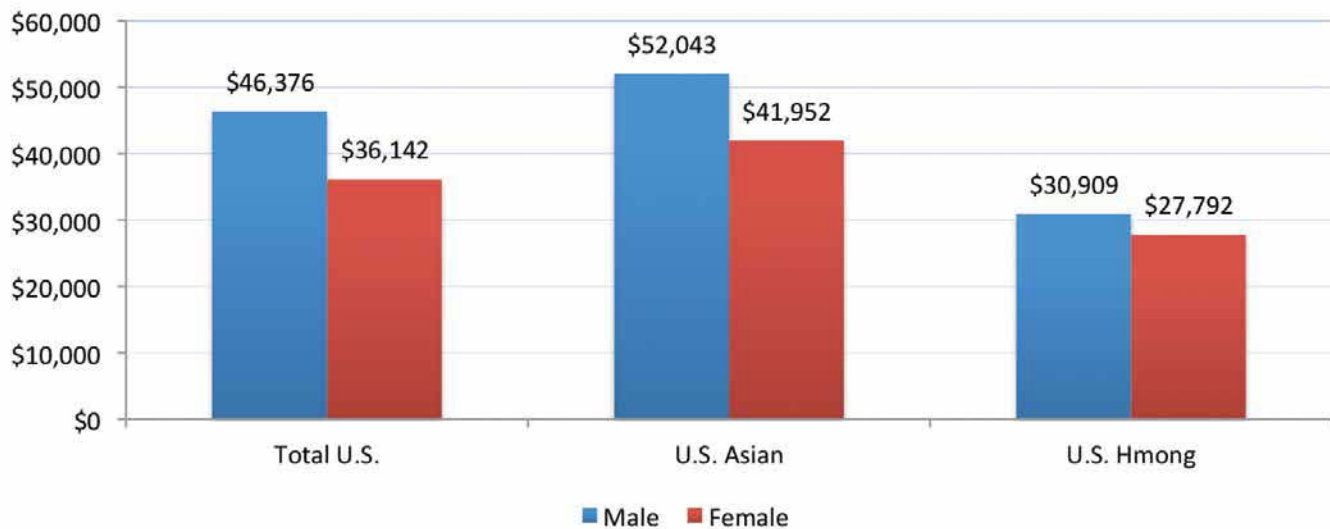
6 United States Census Bureau, American Community Survey 2010 Subject Definitions.
http://www.census.gov/acs/www/data_documentation/documentation_main/ (Accessed September 5, 2012).
 7 U.S. Census Bureau, 2008-2010, ACS 3-year Estimates
 8 U.S. Census Bureau, 2006-2010, ACS 5-year Estimates
 9 U.S. Census Bureau, 2008-2010, ACS 3-year Estimates.

INDIVIDUAL INCOME AND INCOME BY GENDER

The jobs that Hmong Americans typically hold help to explain why a notable \$16,000 difference exists between Hmong per capita income (\$11,000) and the U.S. population (\$26,900). Chart 4 presents stark differences in earnings. Hmong male median earnings for full-time, year-round work are \$15,500 less than males in the U.S. population (\$30,900 compared to \$46,400). Although women in the U.S. population earn less than U.S. men, their earnings are higher than that of Hmong men (\$36,100 compared to \$30,900). Hmong women's median earnings are less than (\$27,800) Hmong men's income.¹⁰ Low education in addition to employment concentration in low-paying jobs contributes to this situation.

CHART 4

MEDIAN EARNINGS, FULL-TIME YEAR-ROUND WORKERS



¹⁰ U.S. Census Bureau, 2008-2010, ACS 3-year Estimates

POVERTY STATUS AMONG FAMILIES AND INDIVIDUALS

Given that Hmong earnings lag behind the U.S. population significantly, it is understandable that a higher proportion would experience poverty. According to the U.S. federal poverty guideline, a family of four making less than \$23,050 annually is considered to be living in poverty.¹¹ While 11% of families in the U.S. population live in poverty, 25% of Hmong families live in poverty. Significant differences are seen in the three states with the largest Hmong populations: California state (11%) and Hmong (31%), Minnesota state (7%) and Hmong (26%), and Wisconsin state (8%) and Hmong (19%). The most impoverished families in both the U.S. and Hmong populations are female-headed households (30% and 44%). Those with related children under the age of five experience the highest level of poverty (46% U.S. and 57% Hmong).¹² As shown in Table 3, three states with Hmong populations have higher percentages of Hmong families living in poverty than California: Alaska (59%), Oklahoma (42%) and Washington (34%). Georgia and Colorado have the lowest percentages of Hmong families living in poverty: (5%) and (2%), respectively.¹³ This, however, is not surprising given that Hmong in these two states have the highest median household incomes (\$65,100 for Colorado and \$54,000 for Georgia).

TABLE 3: POVERTY STATUS AMONG HMONG FAMILIES AND CHILDREN UNDER 18

State	All Families	Under 18 years
AK	59.1%	52.0%
AR	20.8%	30.8%
CA	30.7%	41.9%
CO	2.0%	3.0%
GA	4.9%	15.2%
MI	16.0%	17.5%
MN	26.2%	34.6%
NC	20.0%	21.5%
OK	42.0%	58.8%
OR	21.5%	20.1%
WA	34.0%	50.2%
WI	20.3%	21.0%



Photo courtesy of Hmong American Partnership

¹¹ 2012 Health and Human Services Poverty Guidelines: <http://aspe.hhs.gov/poverty/12poverty.shtml/>

¹² U.S. Census Bureau, 2008-2010, ACS 3-year Estimates

¹³ U.S. Census Bureau, 2006-2010, ACS 5-year Estimates

HOUSEHOLDS WITH PUBLIC ASSISTANCE AND RETIREMENT INCOME

Since they first arrived in the U.S. during the mid-1970s, many Hmong families have had to rely on public assistance to meet their basic needs. The number has decreased dramatically since then, but it is still significantly higher than the U.S. population. Whereas less than 3% of the total U.S. population receives cash public assistance income, slightly more than 12% of Hmong Americans do. Similar differences exist in California and Minnesota; however, in Wisconsin, where 2% of its population relies on public cash assistance, less than 4% of the state's Hmong population gets such financial support. It is evident that while families may not receive cash assistance, some depend on food stamps to make ends meet (10% food stamp usage in the U.S. population and 29% of Hmong households). The percentage of Hmong in California who use food stamps is 35% while it is 33% in Minnesota and 21% in Wisconsin. Since many families struggle with basic needs, few are able to save for retirement as illustrated by only 3% of Hmong households having retirement income compared to 17% in the U.S. population.¹⁴

HOUSING TENURE

Home ownership is often considered an asset; thus, Many Hmong families purchase homes when they are able to do so. With Hmong family size on average larger than the U.S. population, some do find it difficult to rent because of restrictions on the number of people in a rental unit. Although the majority of Hmong Americans are renters (54%), 46% live in owner-occupied housing units with an average household size of 6.34 persons compared to 66% in the U.S. population with an average household size of 2.68 persons.¹⁵ As Table 4 outlines, differences do exist in owner-occupied housing units. Rates for the three states with the largest Hmong populations are 33% in California, 49% in Minnesota, and 55% in Wisconsin. The highest rate of owner-occupied housing units is found in Arkansas (81%) followed by Michigan (76%), Georgia (71%), Oklahoma (66%), and North Carolina (64%). The lowest is found in Oregon (32%), which is slightly lower than California. It is important to note that internal migration of Hmong from around the country to southern states was motivated by their ability to purchase farms, which explains the high owner occupied percentages there.

TABLE 4: HOUSING TENURE

State	Percentage
AK	45.1%
AR	80.7%
CA	33.4%
CO	51.6%
GA	71.2%
MI	76.4%
MN	49.2%
NC	63.5%
OK	65.5%
OR	32.4%
WA	37.6%
WI	54.9%

¹⁴ U.S. Census Bureau, 2008-2010, ACS 3-year Estimates. SSI is a federal program for aged, blind, or disabled people with little or no income. Some Hmong Americans misunderstand this program because many elderly and disabled individuals receive it. They often refer to it as "nyiaj laus", which is literally translated as money for the elderly. However, SSI is not retirement income.

¹⁵ U.S. Census Bureau, 2008-2010, ACS 3-year Estimates

DISCUSSION & THEMES

This section highlights themes & offers some suggestions for service providers, policy advocates, & legislators working to improve economic conditions of Hmong Americans.

EMPLOYMENT

Hmong Americans' heavy residential concentration in certain areas that have been impacted by the U.S. economic crisis has affected multiple aspects of their lives. Their concentration in the manufacturing industry has made them vulnerable to the declining availability of manufacturing jobs. Many Hmong Americans have sought professions in the educational services, and health care and social assistance industries largely to provide services to members of their ethnic community in areas with large Hmong populations. Recent cuts to education and social programs at the state and federal levels have reduced the number of jobs in these industries. When those with limited formal education lose a manufacturing or production job, the probability that they will find another at the same pay is low. The vast majority of Hmong who reside in southern states (Arkansas, Oklahoma, and North Carolina) are farmers who contract with various companies to raise animals in large scale (i.e. chickens, turkey, cattle, etc...). When they lose their contracts, they often have no other means to sustain themselves since most have exhausted all finances when purchasing these farms. The economy has also impacted philanthropic institutions' ability to support social assistance agencies that create jobs for employees to serve vulnerable populations. Such employment opportunities no longer exist at the rate that they did during the 1990s. These challenges require that job training policies at the federal, state, and local level include measures to build their skills to enter other industries. It is important to tailor assistance in a way that helps workers seek employment or reemployment where skills are most transferable.

HOUSING

Income is an indicator of housing stability since the ability to own a home is a function of employment and income status. Insufficient income and unemployment are factors that contribute to housing problems. When considering the high percentage of owner-occupied housing units in southern states, it is important to note the migration process of Hmong from other states. Since the late 1990s, many Hmong Americans who had accumulated some wealth sought poultry businesses in southern states. People generally did not move there unless they were able to purchase a farm. The lower homeownership rate in other states can be attributed to the housing crisis and joblessness. For example, Hmong American Partnership (HAP), a community development agency in the Twin Cities, MN, found that in St. Paul, 25% of houses foreclosed on the East Side belonged to Hmong owners. Despite today's record low interest rates, joblessness and credit problems prevent many from purchasing homes. The housing problems can be improved through policies that create jobs and support small business development. Thus, it is important for Hmong American leaders to collaborate with local and state governments to develop businesses that create jobs for local communities.

POVERTY

Income is the most common measurement of wealth, but it is important to note that wealth can be broadly defined depending on people's values and perspectives. The decline in overall poverty in the Hmong population from 40% in 2000 to 25% in 2010 is a sign that they are doing better. However, income remains a significant issue for the community and today the Hmong remain one of the poorest ethnic groups in the U.S. Family and per capita income rank much lower than the general population. The high rate of those living in poverty in such states as Alaska is troubling. The fact that 80% of Alaska's Hmong population work in service, sales and office occupations suggests that many are working in low-paying positions, contributing to the high poverty rate for this state. Another indicator of poverty is the usage of social safety net programs. Although Hmong reliance on public assistance has decreased significantly from their early years in the U.S., a high percentage of Hmong Americans continue to depend on government programs. Households led by women are more likely to experience poverty than those led by men. Furthermore, the lack of retirement income suggests that poverty will continue for many Hmong Americans. Given the numerous contributing factors to poverty, it is difficult to adequately address socio-economic status with short-term strategies. Comprehensive efforts at multiple levels are needed to empower and enable Hmong people to improve their lives. Legislative initiatives at the state and federal level need to include resources not only for job creation, but also training. At the individual and Hmong community level, education programs to guide and train people for growing industries will help to ensure that Hmong Americans have skills to meet future job demands.

CONCLUSION

An examination of socioeconomic trends illustrates that the economic well-being of Hmong families varies across the country. While their overall poverty status has decreased, like other Americans, the Hmong American community is not immune to the ongoing challenges resulting from the recent economic downturn. The outsourcing of both unskilled and skilled jobs to developing countries has impacted many in the immigrant generation who lack formal education as well as recent college graduates. An assessment of future job trends and strategically aligning employment training with growing industries is essential in supporting Hmong Americans so they may rise out of poverty and begin to build assets and wealth.

RECENT CHANGES AND REMAINING CHALLENGES IN HMONG AMERICANS' EDUCATIONAL ATTAINMENT

Yang Sao Xiong, University of California, Los Angeles

Data from the U.S. Census show that Hmong Americans' average educational attainment has improved since the 1990s; however, significant challenges remain for Hmong American students. This report relies on Census data to describe recent trends in Hmong Americans' language use, English ability, school attendance, and educational attainment. Implications for educational policy and practice are also discussed.

POPULATION OF SCHOOL-AGE CHILDREN

In 1990, Hmong school-age children (5 to 17 years) who were enrolled in schools across the country numbered about 33,200 or 35% of the Hmong American population. By 2001, this number had virtually doubled to 65,500. According to the latest 2010 census, about 71,900 Hmong school-age children are enrolled in school. Of this group, 90% are U.S. citizens and 10% are non-U.S. citizens. Eighty-seven percent of these students reside in three states: California (38%), Minnesota (28%), and Wisconsin (21%).

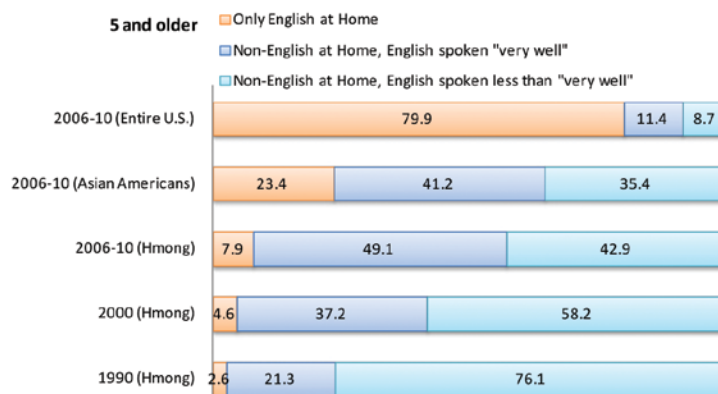
LANGUAGE USE AND ENGLISH ABILITY

Currently, 92% of Hmong Americans, ages 5 and older, speak a language other than English at home (down from 97% in 1990) (see Figure 1). Of those who speak a non-English language at home, 98% speak the Hmong language,¹ one percent speak Lao, and a minute fraction speak other languages (not shown).

In 1990, among Hmong persons who responded to the language questions on the Census questionnaire, 21% reported that they speak English "very well" even though they also speak a non-English language at home. This proportion increased to 37% in 2000. During the 2006-2010 period, it increased again to 49%. Meanwhile, the proportion of Hmong Americans who reported speaking only English at home increased from 3% in 1990 to 8% during the 2006-2010 period (Figure 1).

FIGURE 1

PERCENT DISTRIBUTION OF LANGUAGE SPOKEN AT HOME AND ENGLISH ABILITY BY SELECTED POPULATIONS AND YEAR



Source: U.S. Census Bureau, Census 1990 Sample Data; Census 2000, Summary File 4, 100 Percent; American Community Survey Multiyear Dataset 2006-10 Weighted Samples.

GENERAL TRENDS IN SCHOOL ATTENDANCE

Between 2001 and 2010, the proportion of Hmong college students as well as the proportion of Hmong graduate or professional students doubled. Specifically, the proportion of Hmong Americans aged 3 or older who reported attending college or above increased from 13.2% to 26.7%. During the same period, the proportion of Hmong Americans who attended preschool or kindergarten increased from about 4% to more than 7%.

There appears to be a difference between Hmong males and Hmong females in terms of attendance at the college level or beyond. In 2010, whereas 29.9% of Hmong American females (3 years and older) reported attending college or graduate/professional school, only 23.4% of Hmong American males reported doing so.

GENERAL TRENDS IN EDUCATIONAL ATTAINMENT

In 2010, Hmong persons aged 25 years or older made up 38.5% (93,800) of the Hmong American population. The census data indicate that the members of this cohort experienced significant improvements in their average educational attainment between 1990 and 2010. The proportion of Hmong Americans 25 years and older who possess a bachelor's degree or higher rose from 4.9% in 1990 to 7.4% in 2000 (U.S. Bureau of the Census, 1993).² By the 2006-2010 period, this figure had nearly doubled to 13.4%. Despite these improvements, Hmong Americans' average educational attainment still lags far behind those of non-Hispanic whites. For instance, the ACS 2006-2010 multi-year data show that 30.9 percent of non-Hispanic whites 25 years and older have obtained a bachelor's degree or higher.

Table 1 provides information about Hmong American cohorts' school attendance, high school dropout, and educational attainment across five states with the largest Hmong populations. It shows that less than 50% of Hmong Americans aged 3 or older were enrolled in school during the 2006-2010 period. Of those enrolled in school, about 94.7% were enrolled in public schools or colleges while 5.3% were enrolled in private schools or colleges (not shown).¹ Although 13% of Hmong Americans aged 25 years or older have obtained a bachelor's degree or higher, less than three percent of them have obtained a master's degree or higher.

There appears to be some differences between the Hmong residents of different states with respect to certain academic indicators. For instance, whereas 76.3% of Hmong 18 to 21 year-olds in California attended college, only 49.5% of Michigan's Hmong population of the same age cohort attended college. Whereas 71.9% of the Hmong 25 years and older in Michigan have obtained a high school diploma or higher, 82.7% of the Hmong 25 years and older in California have done so.

¹ Among those enrolled in private schools or colleges (5,249 persons), the average age was 19.3 years; 61.5 percent were enrolled in college as undergraduates; 67 percent are U.S. born citizens; 51.7 percent are females; and 77.2 percent are located in California, Minnesota, or Wisconsin.

TABLE 1

HMONG AMERICANS' AVERAGE SCHOOL ENROLLMENT AND EDUCATIONAL ATTAINMENT
BY SELECTED STATES DURING 2006-2010

	Population (all ages)	Percent enrolled in school	Percent attending college¹	Percent high school dropout²	Percent H.S. graduate or higher³	Percent BA degree or higher³	Percent MA degree or higher³
California	77,094	50.3	76.3	5.6	82.7	13.9	2.0
Michigan	5,984	46.8	49.5	7.5	71.9	12.6	3.2
Minnesota	55,867	50.1	54.9	6.0	76.2	13.7	3.3
North Carolina	9,704	49.2	73.8	7.1	82.5	11.6	2.9
Wisconsin	43,668	47.2	73.1	5.8	84.0	11.9	2.0
All Other States	27,077	44.6	83.6	8.3	83.2	14.2	3.1
Total	219,394	48.8	70.1	6.2	81.1	13.4	2.6

¹ Among persons 18 to 21 years old.

² Among persons 14 to 24 years old not enrolled in school and who have not graduated from high school or received a diploma.

³ Among persons 25 years or older.

Source: American Community Survey, 2006-2010, Weighted Estimates.

IMPLICATIONS

The improvements in Hmong Americans' English ability, higher education attendance, and average educational attainment are all welcoming signs. Nevertheless, we need to keep in mind that Hmong Americans still lag behind many other ethnic/racial categories in terms of educational attainment (and many other indicators of socioeconomic well-being). The recent ACS 2010 data show that whereas only 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 have attained a bachelor's degree or higher.³

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.

HMONG STUDENTS' OVER-REPRESENTATION AS ENGLISH LEARNERS

Nationally, language minority students of Hmong background, most of whom are U.S.-born, continue to be over-represented as English Learners (ELs) in K-12 public schools. During the 2000-2001 school year, about 70,800 Hmong American students were classified as English Learners throughout the U.S., making them the third largest English Learners category (also known as English Language Learners or Limited English Proficient students), in the country (Kindler, 2002, p. 21).

From 1995 through the end of the 2004-2005 school year, English Learners of Hmong background consistently comprised the third largest category of ELs in California's public schools (California Department of Education, 2012b).⁴ Although the Hmong's total K-12 student population was never more than 0.7% of the state's total enrollment, the ELs of Hmong background represented an average of 1.9% of the state's total ELs population. During the 2010-11 academic school year, about 58% of the Hmong students throughout the state's K-12 public schools were classified (and many likely still are classified) as ELs based primarily on their scores on the California English Language Development Test (CELDT) with only 42% of them classified as fluent-English-proficient (California Department of Education, 2012a).⁵

The problem of Hmong students' over-representation as English Learners is not limited to California. During the 2000-2001 academic year, language minority students of Hmong background comprised the fifth largest ELs category in Oregon, the fourth largest ELs category in Michigan and South Carolina, the second largest ELs category in North Carolina and Wisconsin, and the largest ELs category in Minnesota (Kindler, 2002, pp. 21-22). Indeed, Hmong students have been placed in these socially and politically constructed categories for many years now. For instance, since March 1999, ELs of Hmong background have remained the second largest ELs category in Wisconsin's public schools (Wisconsin Department of Public Instruction, 2012). It is imperative that more in-depth and comparative research and program evaluation be conducted to help uncover the social mechanisms as well as institutional policies that produce, maintain, and/or perpetuate the over-representation of Hmong students as EL students and subsequent educational inequities.

LOWER ATTENDANCE IN COLLEGE AND GRADUATE/PROFESSIONAL SCHOOLS

Data from the ACS 2006-10 PUMS indicate that about a quarter (23.2%) of Hmong Americans (all ages) attended college or graduate/professional school. This proportion is higher than the proportions found among non-Hispanic Native Americans (21.9%) and Hispanics/Latinos (18.4%). However, it is considerably lower than the proportions found among non-Hispanic blacks (25.9%), non-Hispanic whites (29.2%), and non-Hispanic Asians (39.7%).

LOWER ATTENDANCE IN PRE-SCHOOL AND KINDERGARTEN

A similar disparity is found at the low end of the educational level. Although 7% of Hmong Americans attend preschool or kindergarten, this proportion is about three to five percentage points less than the average proportion among non-Hispanic whites (10.8%), non-Hispanic blacks (10.6%), Hispanics/Latinos (12.4%), non-Hispanic Asians (10.1%), and non-Hispanic Native Americans (11.0%) who attended preschool or kindergarten.

THE IMPORTANCE OF RIGOROUS CURRICULA AND ACADEMIC OUTREACH PROGRAMS

Hmong Americans' educational progress will continue to depend largely on high school students' opportunity to pursue higher education and on college students' ability to graduate from colleges/universities and pursue advanced careers. Whether or not a language minority student eventually has the opportunity to pursue higher education may oftentimes be determined from very early on in his or her academic career (Xiong, 2010). In order to compete for admission to higher education institutions, a student needs to enter into the "right" academic track years before he or she even graduates from high school.

However, language minority students' opportunities to enter college preparatory academic tracks may be significantly reduced or constrained by the state-mandated system of language classification, English testing, and tracking that is in place in many U.S. public schools (Xiong, 2010; Xiong & Zhou, 2006). Educators and policy makers need to more critically examine this language classification system and its consequences on language minority students. Practices such as California's use of the CELDT to test language minority students (and only them) beginning in the earliest grades—kindergarten and first grade—for the purpose of deciding their academic track placement need to be criticized for being selective and developmentally inappropriate.⁶ These practices need to be eliminated first at the state level.

Although researchers and policy makers should continue to pay attention to all levels of the educational system, more focused attention is needed at the K-12 levels. It is at these levels that academic support/outreach programs could have a direct impact on students' later academic opportunities. Academic outreach programs could help to reduce the negative effects of years of disadvantage (e.g., being low income, being tracked in remedial tracks, being uninformed about college entrance requirements, etc.), by providing students with supplemental, rigorous education, clear academic guidance, and resources. Given Hmong Americans' historical disadvantages and, in many cases, concentrated poverty in the U.S., academic outreach programs such as Head Start and Federal TRIO Programs (TRIO) could make a major difference in students' opportunities during and beyond K-12. It is probable that low-income students who have access to and utilize academic support programs will have greater educational opportunities than low-income students who do not have access to or do not utilize any of these programs. Educators, policy makers, and researchers should evaluate whether and to what extent Hmong American students have access to and/or utilize important academic outreach programs such as Head Start (during the lower grades), the Upward Bound program (high school), and the Ronald E. McNair Scholars program (college).

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NOTES

(Endnotes)

- 1 In the U.S., speakers of the Hmong language commonly speak one of two mutually intelligible Hmong dialects: Mong Leng (Moob Leeg) and Hmong Der (Hmoob Dawb) dialects. These dialects sometimes are labeled Green Hmong and White Hmong dialect, respectively.
- 2 Figures in this paragraph are derived from multiple sources: the Census 1990 publication; Census 2000 Summary File 4 from the American Fact Finder; and the American Community Survey 2010 PUMS.
- 3 Hispanics/Latinos can be of any race. Based on the ACS 2010 PUMS, about 65 percent of Hispanics identified their race as white.
- 4 Since 2006, Hmong EL students have remained the fifth largest ELs category in California.
- 5 During the 2010-2011 academic school year, out of a total of 22,781 Hmong who identified as "students speaking a language other than English," 58% (13,175 students) were classified as English Learners while 42% (9,606 students) were classified as Fluent-English-Proficient.
- 6 California's system of English language testing is a selective testing system to the extent that it administers the CELDT to only language minority students (those who or whose parents report on the Home Language Survey that they speak a non-English language at home). Furthermore, this testing system is developmentally inappropriate because it tests and systematically tracks students from the lowest grades. As stated in the California Code of Regulation (Title 5, Division 1, Chapter 11, Subchapter 7.5, Article 2 §11511(a)(1)): "Any pupil whose primary language is other than English as determined by the home language survey and who has not previously been identified as an English learner by a California public school or for whom there is no record of results from an administration of an English language proficiency test, shall be assessed for English language proficiency with the test within 30 calendar days after the date of first enrollment in a California public school, or within 60 calendar days before the date of first enrollment, but not before July 1 of that school year." According to the California Department of Education, "The test for kindergarten and grade one (K-1) students in reading and writing began with the 2009-10 CELDT Edition." See California Dept. of Education, "California English Language Development Test: Released Test Questions." Retrieved January 5, 2012, from: <http://www.cde.ca.gov/ta/tg/el/resources.asp>

HOUSEHOLDS AND MARITAL STATUS OF HMONG IN THE UNITED STATES, 2008-2010

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INTRODUCTION

The American Community Survey (ACS) 2008-2010 estimated 256,430 Hmong individuals living in the United States.¹ Of this total, 98.9% lived in 46,986 households for an average of 5.4 persons per household. The rest lived in “group-quarters” such as school dormitories, nursing homes, or military facilities. Living arrangement have important consequences for families and individuals such as determining eligibility for and access to resources and social support (Burr & Mutcher 1993). Using data from the ACS, this report presents information on the types of household and marital status among Hmong in 2000 and 2008-2010.² Specifically, the first part of this report describes changes in household types (family vs. non-family) and family size. Next, descriptive statistics on marital status are provided with a focus on the prevalence of divorce/separation. The second part of this report discusses important points and implications for the community and people who serve them.

CHANGES IN HOUSEHOLD TYPES

There are two types of households: family and non-family. According to the U.S. Census, a “household” includes all of the individuals who live in a housing unit such as a house, an apartment, a mobile home, or so on. In general, a “family” is a household maintained by a married couple or by a man or woman living with other relatives. A “relative” refers to any household member who is related to the household by blood, marriage, or adoption. This means that a “family” household consists of at least two members who are related and one of them is a householder. A “non-family” household is a household consisting of non-related individuals or a single (living alone) individual (U.S. Census Bureau 2010). In this report, the term “Hmong household” refers to a household occupied by a person living alone, a single family or two or more families living together, or any group of related or unrelated individuals who identified themselves as “Hmong,” who share the same housing unit.

FAMILY HOUSEHOLDS

From 2000 to 2008-2010, the number of all Hmong household units increased from 29,725 units to 46,986 units. Although the absolute number of Hmong households had increased by 58.1%, the proportion of those Hmong households classified as “family households” actually decreased from 93.4% in 2000 to 89.6% in 2008-2010.³ In contrast, the proportion of those Hmong households classified as “non-family households” increased from 6.6% to 10.4%. (see Table 1).

Among Hmong households, the majority were maintained by married couples (hereon referred to simply as “Hmong married couple families”). For example, in 2008-2010, the proportion of Hmong married couple families was 61.6% compared to 49.1% for the U.S. and 58.9% among Asians. Despite the relatively high proportion of Hmong married couple families, it is worth noting that this type of family has declined substantially when compared to the U.S. and Asians as a group. Specifically, the proportion of Hmong married couple families declined by 13.4 percentage points, from 2000 to 2008-2010. In comparison, the proportion of types of families changed very little for both the U.S. and Asian households in general. For instance, 51.6% and 49.5% of U.S. family households were maintained by married couples in 2000 and 2008-2010, respectively.

TABLE 1

HOUSING CHARACTERISTICS OF U.S., ASIAN, AND HMONG HOUSEHOLD CHARACTERISTICS
FROM 2000 TO 2008-2010

	US Population		Asians		Hmong	
	2000	2008-2010	2000	2008-2010	2000	2008-2010
Households	105,480,101	114,596,927	3,510,868	5,017,869	29,725	46,986
Family households	68.1%	66.5%	73.8%	73.2%	93.4%	89.6%
Married couples	51.6%	49.1%	59.3%	58.9%	75.0%	61.6%
Female householder, no spouse present	12.2%	12.8%	9.6%	9.6%	11.9%	15.4%
Non-Family Households	31.9%	33.5%	26.2%	26.8%	6.6%	10.4%
Male householder	14.7%	15.5%	13.8%	13.1%	3.5%	6.2%
Male householder - living alone	11.2%	12.1%	9.6%	9.5%	2.2%	3.4%
Female householder	17.2%	18.0%	12.3%	13.6%	3.2%	4.2%
Female householder - living alone	14.6%	15.3%	9.3%	10.6%	2.2%	2.2%
Household size	2.6	2.6	3.0	3.0	6.3	5.4
Family size	3.1	3.2	3.6	3.5	6.5	5.6

Source: U.S. Census Bureau, 2008-2010 American Community Survey, 3-year Estimates.

Among family households, the proportion of families maintained by a female household without a spouse (or husband) present increased slightly by 3.5 percentage points, from 11.9 in 2000 to 15.4 in 2008-2010.

NON-FAMILY HOUSEHOLDS

While the number of Hmong family households has increased by more than 50%, the number of Hmong non-family households has increased even faster. Specifically, the number of Hmong non-family households increased by 147.9%, from 1,971 in 2000 to 4,887 in 2008-2010. Unlike general U.S. households, however, in Hmong non-family households, a larger proportion of households were maintained by men as opposed to women.

For both Hmong men and women the proportion of those living alone remained substantially smaller compared to that of the U.S. and Asian populations. For example, the proportion of Hmong female householders who lived alone was only 2.2% compared to 10.6% for Asians and 15.3% for the U.S. in general (see Table 1).

LEGAL VS. NON-LEGAL MARRIAGES AND SAME-SEX PARTNERS

When we speak about the Hmong family households, two interesting concerns often come up. The first concern asks whether the marriage is legal or non-legal (i.e., “Hmong marriage”) and the second concern has to do whether the marriage is heterosexual or otherwise. It is common knowledge that not all marriages within the Hmong community are legal according to U.S. laws. Unfortunately, given the data, it is impossible to distinguish between legal and non-legal marriage. Regarding the second concern, data from the single year ACS 2010 show that there are in fact some Hmong households maintained by same-sex partners. For example, of the total 4,825 Hmong “unmarried-partner households” units in 2010, about 2.5% (or 125 units) consisted of a male householder and a male partner; about 2.3% (or 111 units) consisted of a female householder and a female partner.

HOUSEHOLD AND FAMILY SIZE

Traditionally, Hmong tend to have large households compared to the U.S. national average. For example, the average size of a Hmong household was 6.3 compared to 2.6 for that of the U.S; and the average size of a Hmong family household was 6.5 compared to 3.1 for that of the U.S. (Pfeifer & Lee 2004, p. 7). Data from the ACS 2008-2010 show that averages for both household (5.4) and family household (5.6) size decreased by almost one unit (one less person) in the previous decade.

Despite the rapid decline, the average size of household and families among Hmong remained approximately twice as large as that of the U.S. and Asian Americans in general. In fact, Hmong continue to possess larger household and family household sizes in the U.S. compared to most other ethnic groups.

CHANGES IN MARITAL STATUS

The data on marital status were collected from those who indicated that they were at least 15 years old or older. Those who fall under this age category made up 65.0% of the total Hmong population in 2008-2010. Table 2 shows that 47.8% of the population (age 15 or older) have never been married while 44.3% reported that they were married. A slightly greater proportion of men than women reported that they were never married. This is consistent with the trends found in the general U.S. and Asian populations, which suggest that a greater proportion of males compared to females tend to marry at an older age. The ACS defines married people as “people whose current marriage has not ended through widowhood, divorce, or separation (regardless of previous marital history).” This category includes couples who live together in common-law marriage. This category does not include same-sex married people even if the marriage has been legally performed.

TABLE 2

MARITAL STATUS OF HMONG IN THE UNITED STATES BY SEX AND STATE FROM 2008-2010

	Total Pop	Male	Female	CA	MN	WI
Population 15 yrs and over	166,906	83,249	83,657	62,120	40,486	30,933
Never Married	47.8%	52.1%	43.5%	49.4%	49.6%	45.1%
Married	44.3%	43.6%	45.1%	43.2%	40.2%	46.9%
Divorced	3.1%	2.0%	4.2%	2.8%	4.3%	3.0%
Separated	1.5%	1.3%	1.7%	0.9%	2.3%	2.1%
Widowed	3.2%	1.0%	5.5%	3.7%	3.6%	3.0%

U.S. Census Bureau, 2008-2010 American Community Survey, 3-year Estimates.

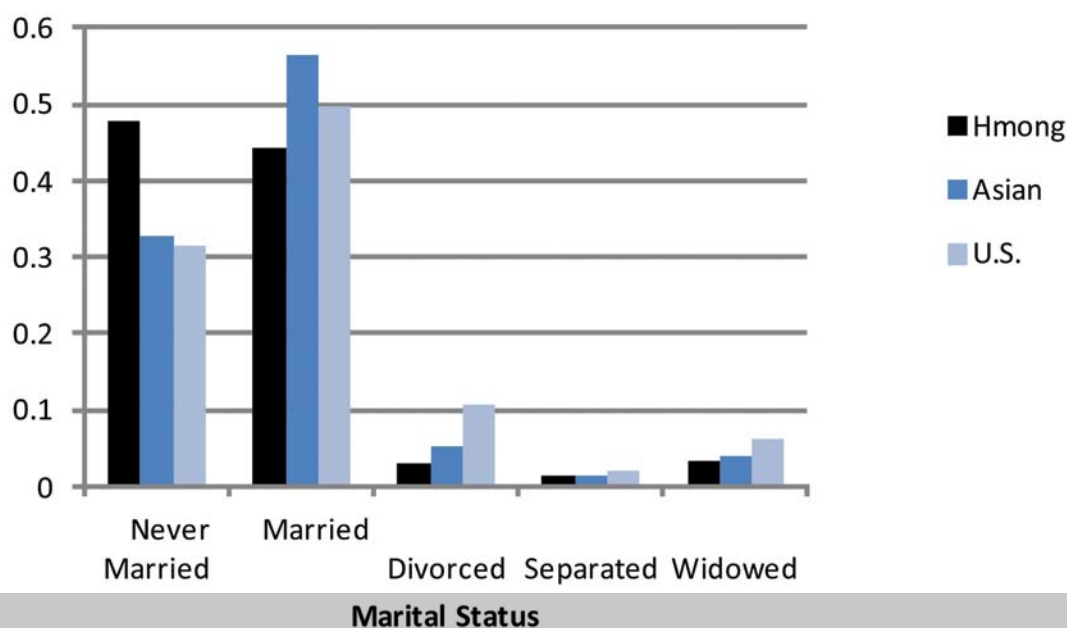
DIVORCE AND SEPARATION

In general, 4.6% of Hmong (age 15 and older) reported that they were divorced in 2008-2010. While this seems small compared to the U.S. (12.9% for both divorced and separated), it is important to note that the proportions of divorced/separated Hmong have more than doubled since 2000. In 2000, 0.7% of men and 1.6% of women reported being divorced (Xiong & Tuicomepee, 2004, p. 19). In 2008-2010, 2.0% of males and 4.2% of females reported that they were divorced (see Table 2). This trend is consistent with the suggestion of some who have observed from qualitative research that the prevalence of divorce among Hmong has increased during the past two decades (Yang 2003).

In general, the proportion of divorced and separated differed slightly by state and sex. Specifically, 6.6% of those in Minnesota compared to 3.7% of those in California reported that they were either divorced or separated. Between California, Minnesota, and Wisconsin, where 80.0% of the U.S. Hmong population resided, Minnesota had the highest proportion of divorced Hmong. Compared to men, Hmong women also possessed a higher proportion who reported being divorced. Similarly, the proportion reporting being divorced was 8.8% for women in Minnesota compared to 4.6% for women in California.

CHART 1

MARITAL STATUS AMONG AGE 15 YEARS AND OVER: HMONG, ASIAN, U.S., FROM 2008-2010



Source: U.S. Census Bureau, 2008-2010 American Community Survey, 3-year Estimates

Although the proportion of divorced Hmong has doubled over the past decade, the proportion of divorce among Hmong Americans (3.1%) is relatively low compared to the overall U.S. (10.7%) and Asian (5.2%) populations (see Chart 1). In fact, Hmong had, and continue to have, one of the lowest divorced rates when compared to other ethnic groups (Reeves & Bennett, 2004; Xiong & Xiong, 2012).

KEY POINTS

- More than 61% of the total Hmong households are maintained by married couples – higher than that of the Asian and U.S. population in general.
- The number of Hmong non-family households increased dramatically by 149.0% from 2000 to 2008-2010.
- The average Hmong household and family size decreased by approximately one person.
- The prevalence of divorce more than doubled for both Hmong men and women from 2000 to 2008-2010.
- The prevalence of divorce differs by state and sex.

DISCUSSION

From the data, a recent trend in Hmong household formation is the growth of non-family households. What factors might account for this change? Based on estimates from the ACS 2008-2010, we know that Hmong are a very young population with a median age of 20.6 years. Historically, both Hmong men and women tend to marry at young ages, forming family households of their own. This trend has shifted and it is more acceptable today to delay marriage for several years, for reasons related to socioeconomic status and changes in cultural norms. As this large and young adult population ages, rather than getting married, they move out of their parents' homes and seek employment and/or post-secondary education. This results in the rapid formation of thousands of non-family household units. In short, delayed marriage is a key explanation.

What factors might explain the decline in average Hmong family size? Does the decline in average family size reflect a declining fertility rate? It is probably reasonable to hypothesize that the fertility rate (the average number of children that would be born to a woman over her lifetime) will be lower among second and third generations than for the first generation. Based on this, it is reasonable to attribute the decline in average family size to a declining fertility rate. However, fertility is one but not the only explanation for a smaller family size. By definition, the ACS calculates both household and family averages by dividing the number of people in households or families by the number of household or family units. Mathematically, as the denominator increases we would expect the outcome value to be smaller.

Let us now consider the second point, which is related to the prevalence of divorce and separation. As a result of the growing proportion of divorce and separation, we can expect more individuals to form a greater number of households and families throughout their lives. To illustrate, let's assume that *A* is the wife of *B* (the husband). After *A* and *B* divorced, *B* would stay unmarried for two years, forming a single-parent family. Eventually, *C* (another divorced woman) would move in with *B*, forming a household. *B* and *C* would eventually separate. Finally, *B* would remarry, this time to *D*. By the time *B* and *D* are married, *B* would have formed three family households.

What does all this mean? Are the values of the Hmong family changing? What are the emerging values? Is this a function of a generational shift? How would younger Hmong generations cope with the trend of forming multiple households and families throughout their lives? How would divorce and separation affect the economic and social well-being of both the adults and minors involved? There are more questions than answers, questions that cannot be answered through Census data.

One thing appears certain though. Given a relatively large young adult population and delayed marriage, I suspect there will be a continued increase in the proportion of non-family households and a decrease in fertility rate. Organizations, educators, and other specialists can expect to work with a new wave of Hmong youth who come from more diverse family backgrounds than in the past.

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NOTES

(Endnotes)

- 1 The population estimates in this article include those who reported "Hmong alone or in any combination" as their race.
- 2 The estimates from the American Community Survey are estimates that describe the average characteristics of a population over a specific period of data collection. The ACS 2008-2010 are combined data collected from years 2008, 2009, and 2010. Therefore, ACS 2008-2010 provides estimates on the averages characteristics over these three years. In this report, when I write "in 2008-2010," I am referring to the average full time period from the beginning of 2008 to the end of 2010. "In 2008-2010" does not mean from 2008 to 2010. As the ACS clearly states, "multiyear estimates cannot be used to say what was going on in any particular year in the period, only what the average value is over the full time period" (ACS, Instructions for Applying Statistical Testing to the 2008-2010 3-Year Data and the 2006-2010 ACS 5-Year Data).
- 3 According to the U.S. Census, a "household" includes all of the people who live in a housing unit. A housing unit refers to a house, an apartment, a mobile home, or a group of rooms, or a single room. There are two types of households: family and nonfamily. In general, a family is a household maintained by a married couple or by a man or woman living with other relatives. A "relative" include any household member who is related to the householder by blood, marriage, or adoption. In other words, a family household has a least two members related by blood, marriage, or adoption, and one of these two members is the householder. A householder is a member of the household who usually is the one who rents or owns the unit. A nonfamily household refers to a household consisted of a person living alone or a householder who shares the housing unit with nonrelatives.

HEALTH DISPARITIES RESEARCH IN THE HMONG AMERICAN COMMUNITY: IMPLICATIONS FOR PRACTICES & POLICIES

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INTRODUCTION

Health disparities are a very real concern in America. Although improvements in recent decades in the health of the U.S. population as a whole have been significant, non-white populations continue to lag behind (Thomas et al., 2011). One such population facing several health disparities are the Hmong Americans. According to 2010 U.S. Census data, there were over 17.3 million Asian Americans living in the United States; 260,073 of whom were Hmong Americans (Humes, Jones, & Ramirez, 2011). Between 2000 and 2010, the Hmong American population has grown over 40% (Asian Pacific American Legal Center & Asian American Justice Center, 2011). Although there are currently Hmong American families residing in every U.S. state, the majority of families live in well-established Hmong enclaves in California, Minnesota, and Wisconsin (American Community Survey, 2010). Although Hmong Americans have been the subject of many research studies published in scholarly journals over the last 30 years (Herther, 2009), they are often excluded in large-scale research studies, such as national health studies funded by the U.S. government, that include other Asian American groups with larger population sizes. The fact that data on Asian Americans is rarely disaggregated and often reported as representative of all Asian Americans in the U.S. underscores the need for more attention to the reporting of population and health data on Hmong Americans. Specifically, what do we know about the Hmong's unique and expanding health needs?

To address this question, a thorough review of the literature was conducted using Hmong health citations from the Hmong Studies Internet Resource Center (Pfeifer, 2012) and searches using keywords HMONG AND "HEALTH DISPARIT*" in Web of Science, Ethnic NewsWatch, Sociological Abstracts, Social Services Abstracts, MEDLINE, Proquest Dissertations & Theses, EconLit, ProQuest Newspapers and PAIS International. We also used Google Scholar, Networked Digital Library of Theses and Dissertations (ndltd.org), and general web searching to try to identify white papers and other grey literature of value. In some cases, we expanded the search to "ASIAN AMERICAN*" AND "HEALTH DISPARIT*" to try to identify key literature in which the Hmong American population was not a major focus of the research population but where the results and recommendations might still hold value.



Photo courtesy of Hmong American Partnership

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All searches were evaluated based on the established inclusion and exclusion criteria, and were limited to 1990 to the present time since most studies conducted on the Hmong people in general across the globe occurred during this period (Herther, 2009). Thus, to be considered for review, the publications must meet the following inclusion criteria: (1) studies must include Hmong in the sample to be reviewed; (2) studies must involve actual research (either with primary or secondary data); and (3) studies must address the incidence, prevalence, morbidity, mortality, and survival rate of a particular disease (e.g., cancer, diabetes). Exclusion criteria included: (1) studies that involved only a review of the literature; (2) studies that did not address a particular disease; and (3) studies that addressed mental health problems². Once key citations were identified and screened, members of the research team read through the articles looking for information related to the research aim. The articles that met our criteria are presented in Table 1.³

RESULTS

TYPE OF DISEASES STUDIED WITH HMONG PARTICIPANTS

The review found 19 published studies that fit the inclusion/exclusion criteria (see Table 1). Of the 19 publications, 9 (47%) of the publications were from California, 6 (32%) were from Minnesota, and 2 (11%) were from Wisconsin. 47% of the studies examined cancer in general and cervical and breast cancers in particular among Hmong women. For example, Mills, Yang, and Riordan (2005) examined California cancer registry data and found that Hmong women, especially those who were over the age of 40 years, were more likely to be diagnosed with cervical cancer compared to other groups. Similarly, Ross et al. (2003) used the Minnesota cancer surveillance system (MCSS) data and also found that Hmong patients were more likely to be diagnosed with nasopharyngeal cancer, gastric cancer, hepatic cancer, and cervical cancer. More interesting, studies found that Hmong patients were less likely to choose treatment compared to Asian/Pacific Islander women and Caucasian women.

Another 16% of the studies investigated hepatitis B using medical records. Only a few studies examined other health disparity issues, such as tuberculosis, diabetes, gout, hypertension, kidney failure, and measles (see Table 1). For instance, Sheikh et al. (2012) reviewed blood donor screening records from 2006-2010 for the Hepatitis B virus and found that about one out of every six Hmong patients screened was infected with the virus. Culhane-Pera & Lee (2006) studied kidney stones with Hmong patients and found that Hmong's rates of uric acid stones were much higher compared to other non-Hmong patients (50% vs. 10%, respectively). Portis et al. (2010) conducted survey from 2 public events and used billing data from the Minneapolis/St. Paul HealthEast Care System to find that Hmong patients, especially men, were more likely to report gout compared to the general population (11.5% versus 4.1%, respectively).

² See the article on mental health by Dr. Serge Lee.

³ Table 1 can be found online in the Hmong Studies Journal at: <http://hmongstudies.org/SmalkoskietaHJSJ13.2.pdf>

STUDY DESIGN, POPULATION FOCUS, AND TYPE OF DATA

All of the studies used a cross-sectional design, either employing a qualitative data collection method or secondary data analysis. Specifically, the review showed that most large-scale studies tend to employ local existing medical data or records to detect certain incidence, prevalence, or other adverse health conditions in the Hmong population. For example, 5 out of the nine cancer studies used medical and surveillance data; only 4 used primary data collected by the researchers. Furthermore, the review also highlighted that most participants in these studies tended to be adults who were first-generation Hmong immigrants; only three studies specifically stated that they included youth and second-generation Hmong Americans in the sample (Butler, Mills, Yang, & Chen, 2005; Mulasi-Pokhriyal & Smith, 2011; Sheikh et al., 2012). None of the studies used longitudinal and clinical trial designs.

IMPLICATIONS

The results of this review highlight several health areas and methodological challenges that need to be addressed in the future. First, although anecdotal information suggests that there are high instances of cancer, diabetes, cardiovascular diseases, hepatitis, hypertension, and gout in the community, our review suggests a dearth of research on some of these diseases. For example, a search of the database Ethnic NewsWatch, which indexes ethnic newspapers across North America, found 209 articles in Asian American presses just on “Hmong” and “cancer” as well as 77 articles on “Hmong” and “Diabetes.” Future studies need to expand the work of these scholars by including other types of diseases and, more importantly, transition from the focus of incidence, prevalence, and trends of diseases to the actual causes of diseases so appropriate programs, policies, and interventions can be designed and tailored to prevent these diseases in the Hmong community (Thomas et al., 2011).

Second, while cancer has been the focus of many studies, these studies are limited to secondary data from nonacademic institutions and cross-sectional, nonclinical designs. Future studies need to continue to accumulate knowledge about the existing disparities across different type of cancers by age, gender, generation, and geography; and to determine the origin of the diseases by addressing questions, such as why do disparities exist and for which subpopulations?

Third, without reliable and valid data from longitudinal and clinical trial designs about the origin, nature, extent, progression of certain diseases, and effectiveness of tailored intervention programs, Hmong Americans are more at-risk for certain diseases and health conditions (Rairdan, & Higgs, 1992; Wong et al., 2005). For example, Kwong et al. (2010) studied liver cancer among various Asian American groups and found Hmong patients to be diagnosed at a much later stage and to be less likely to seek treatment compared to the other Asian American groups. As a result, they have worse survival rates for this illness. Particularly, this lack of data will have the greatest impact on individuals who are first-generation immigrants; as many of them continue to rely on traditional understandings of the origin and progression of certain diseases, and they continue to seek herbal medicines from individuals who have no credentials to treat illnesses, and avoid seeking Western trained physicians. This includes the avoidance of Hmong American physicians.

Finally, the result of this lack of data may have a major ramification on society. For example, between 2003 and 2006 alone, the Joint Center for Political and Economic Studies reported that “the combined costs of health inequalities and premature death in the United States were \$1.24 trillion” (LaVeist, Gaskin, & Richard, 2009). Tobacco use, predominately cigarette smoking, is prevalent among the young adult population in the Hmong American community (Bautista, Ednacot, & Wong, 2005; Bliss, 2007; Blue Cross Blue Shield of Minnesota et al., 2009); it continues to be the cause of multiple cancers, heart disease, stroke, complications in pregnancy, and chronic obstructive pulmonary disease. It is also responsible for more than 443,000 annual deaths among adults in the United States (Thomas et al., 2011). In 2008, 46 million U.S. adults identified as smokers which resulted in \$96 billion dollars in medical costs and \$97 billion dollars in annual productivity loss in the U.S. (Thomas et al., 2011). Therefore, it is imperative that we learn more about various health disparities and conditions so that appropriate preventive measures may be undertaken.

The role of community leaders and public policy makers is critical. Hmong American community leaders, or individuals who have certain degrees of influence in various sectors of the community, should engage their respective communities to have a more unified voice to mobilize and advocate for more resources to support various community-based organizations’ initiatives to change deleterious social norms and cultural practices that exacerbate certain health conditions. A good example of such an initiative is STEEP (Statewide Tobacco Education and Engagement Project), administered through Lao Family Community of Minnesota in which four Southeast Asian community organizations have come together to change the cultural practices and social norms surrounding tobacco use and cigarette smoking among community members residing in Minnesota (Xiong et al., 2011).

Public policy makers, or individuals whose positions allow them to develop or adopt policies to change systems and behaviors have a moral obligation to ensure that good policies benefit all American citizens, including Hmong Americans. Furthermore, given the lack of data in this community, public policy makers need to ensure that health data can be broadly disaggregated by race, ethnicity, language spoken, and country of origin to facilitate health disparities research across racial/ethnic groups.

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THE NEED TO ESTIMATE MENTAL HEALTH STATUS OF HMONG AMERICANS 37 YEARS LATER

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Research has yielded inconsistent results related to ethnic identity, resettlement stress, and depression as these factors have affected the mental health status of the Hmong in America. This ethnic group, now known as Hmong Americans and commonly referred to as the Hmong Vang Pao, followed the late General Vang Pao to the United States after the fall of Saigon in 1975. As the U.S. withdrew its military forces from Southeast Asia (Cambodia, Laos and Vietnam) and the repercussions of persecution followed suit, the Hmong fled their native homelands and resettled throughout various host countries. Among the resettlement and acculturation variables the Hmong have experienced in the U.S., this paper aims to explore the complexities of assessing the mental illness rate of Hmong Americans based on existing published refereed journal articles. It is not intended to discuss mental health cultural competency practices when intervening with the Hmong. Rather, we addressed the lack of statistical data related to the Hmong mental illness rate and the need for further longitudinal research.

UNCLEAR MENTAL HEALTH INCIDENCE RATES OF HMONG & OTHER SOUTHEAST ASIAN GROUPS

For the Hmong, positive moments of change came when the U.S. and other countries provided assistance to help them move out of their temporary refuge in Thailand. Among the Hmong refugees whom arrived in the U.S., the majority readjusted and obtained full-time employment, learned to dialogue in English and participated in civic duties. However, some did not experience a smooth transition and developed mental health issues, which hindered their adjustment from an agrarian lifestyle to the Western modernized economy. One of the early indications of this hindrance appeared in *Science* in 1981, "The Hmong: Dying of Culture Shock", authored by Elliot Marshall which documented the experiences of the refugees who became victims of the Sudden Unexplained Nocturnal Death Syndrome, in addition to exhibiting other posttraumatic symptoms as well. Bliatout (1982) and Adler (1991) also wrote that the nocturnal syndrome among these refugees contributed to sleep paralysis, nightmares and the shock of cultural changes.



Photo courtesy of Hmong National Development

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A decade later in 1997, Nicholson studied the direct and indirect effects of pre- and post-emigration factors on 447 Southeast Asian refugees; Hmong subjects were included in this group as well. In this study, Nicholson determined that acculturation stress was the strongest factor that impacted these refugees' mental health status. Although minimal research has been located, the specific mental health incidence rates of Hmong have not been identified nor consistently researched in the past three decades. The authors of the present article discuss and share the obstacles of obtaining such information below.

Among the early research focused upon Southeast Asian refugees, mental health issues and resettlement factors were rarely discussed specifically to ethnic groups. Throughout the early resettlement stage, primarily in the late 1970s and early 1980s when scholars began to document the mental health needs and provide diagnostic information related to the refugees, the Hmong were collectively and categorically clustered with the Vietnamese, native ethnic Laotians (in Laos, the Hmong who resided in Laos were known as rural Laotians due to their residencies in the mountains), and Cambodians; each ethnic refugee group was not differentiated. An example of this broad categorization transpired in 1987, when Mollica and colleagues reported that 50% of Southeast Asian refugees were diagnosed with a prevalence rate of posttraumatic stress disorder (PTSD), and another 71% with a prevalence rate of mixed anxiety and depressive disorders. In 1989, Kroll and colleagues in Minnesota tracked the depressive and anxiety symptoms of 404 Southeast Asian patients of whom 255 were identified as Hmong. They found that the Hmong continued to have higher proportions of depressive disorders (80.4%) in comparison to Cambodians (70.7%), Laotians (59.25%), and Vietnamese (54.1%). Then in 1990, Kinzie and colleagues also found that 71% of the Southeast Asians in their study were diagnosed with PTSD and 81% were diagnosed with other depressive disorders.

Due to the lack of disaggregated information for each ethnicity, it is still unclear whether Hmong refugees exhibited mental health issues at differential and substantial rates. In the large Hmong communities of St. Paul, MN and Sacramento, CA, research investigations are currently in progress to track specific mental health incidence rates among Hmong populations. In the context of these maladaptive experiences, many Hmong individuals were plagued by mental health issues, some of which made headlines across national media sources. An initial incident occurred in 1998 and involved a Hmong man in CA who 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.

SAMPLES OF HMONG-SPECIFIC RESEARCH FINDINGS

The only comprehensive research project pertaining specifically to the Hmong and their mental health status was conducted by world-renowned psychiatrist Joseph Westermeyer (1986). His primary work began with the Hmong in Laos when he followed 102 individuals (>16 years old) from the refugee camps to the U.S. from 1977 to 1985. After resettlement, 97 of the subjects continued in the study, and their adaptive processes and acculturation responses were tracked over time. A second comparative sample of 51 Hmong mental health patients was recruited from the University Hospital in Minneapolis, MN from 1977 to 1982. Westermeyer found that the two groups had substantial issues/episodes related to downheartedness which was defined as low spirits, crying spells, decreased libido, bouts of fatigue, and suicidal ideation.

A smaller scale research study was completed in 1988 when Hirayama and Hirayama sampled 25 Hmong men (heads-of-households), out of a population of approximately 250 in the Memphis, TN area. The purpose of this study was to examine the participants' stress levels and their linkages to social support systems. The stressors were identified as car malfunctions, homesickness, dealing with personal medical issues, job loss or a lack of job-seeking abilities, the necessity of income tax preparation, communication issues with supervisors at work, home appliance failures, as well as unpleasant work-related experiences.

In a more recent research project, Futterman-Collier, Munger and Moua (2011) interviewed 36 Hmong individuals and 28 social service providers in Eau Claire, WI. The Hmong participants mentioned various problems related to intergenerational communication difficulties, marital discord, domestic violence, and child abuse. Issues related to mental illness included: a lack of knowledge and defined concepts of mental health, preconceived notions of severe stigma associated with a mental illness, psychiatric symptoms, cognitive decline among the elderly, and developmental disabilities along with general medical conditions; subsequently the researchers did not provide specific information about mental health under each category.



DISCUSSION

We, the authors of this paper, reviewed various refereed journal articles published between 1987 and 2012 that contained contents related to the aims of this study. A wide array of health-related articles was searched through the *Hmong Resource Center Library* at the Hmong Cultural Center in Saint Paul, MN as well. The majority of the publications focused upon perceptions and concepts of physical and mental health, and proposed cultural competency practices for working with the Hmong. In our professional capacities, we acknowledged that the Hmong endured significant mental health conditions in the 1970s to the 1980s and that it was likely that many of these individuals did not seek treatment. Throughout the 1990s to the present time, it is still not possible to sufficiently document the specific domains of mental health issues among Hmong Americans in a manner that would provide any statistics that are comparative to what is accessible for the general U.S. population. To supplement the limited resources, mental health administrators and bilingual clinicians were contacted to share anecdotes about Hmong mental health consumers in Sacramento, CA. Inconclusively, our colleagues also shared the synchronous difficulties of locating such information as well.

For this reason, it is practical to consider the historical background of the Hmong and their accumulative war-related traumas, pre- and post-migration stressors, and adjustment challenges within mainstream society. As noted by Westermeyer, the overall “mental health consumer rate” among Hmong Americans in 1977 - 1988 ranged from 35% to 42%. So by using Westermeyer’s findings and pairing it with estimates made by the U.S. National Institutes of Mental Health (NIMH) that about a quarter of Americans suffer from a diagnosable mental health disorder in a given year, we equated a plausible equation to support such an inference ($42 \text{ [Westermeyer's data]} + 25 \text{ [NIMH]} \text{ divide it by } 2, \text{ multiplied by } 100\% = 33.5\%$) and estimated that the current mental health incidence status for the Hmong is about 33.5%. Even though this is a premature statement, it can be partially supported by the following statistics:

1. Ying and Akutsu’s report in 1997 noted that the Hmong (1.87) have the lowest arithmetic scores of happiness when compare to Cambodians (2.53), Vietnamese (3.05) and Chinese (3.39); scales ranged from 0 – Lowest variably to 5 – highest.
2. Chung and Lin (1994) found that Hmong participants in their study had lower help-seeking behaviors to utilize Western medicine practices at 11%, with 68% observed for Vietnamese, 53% for Laotians, and 44% for the Cambodians and Chinese.
3. Culhane-Pera (2003) shared that when enduring a serious illness, Hmong Christian families preferred to summon around prayers and congregational support as opposed to customary Hmong healing rituals.
4. Mouanoutoua and colleagues (1991) found strong correlations of major distress that included loss of libido and irritability (56%), a sense of failure and pessimism (50.41%), sadness and helplessness (49%), work difficulties (47.61%), and somatic preoccupations (10.24%).
5. Even after decades of resettlement, nearly half of the Hmong in America (41%) still speak English less than very well. Information from the 2010 American Community Survey also estimated that 7.6% of Hmong Americans (non-institutionalized) possessed a disability compared to 12% of the general U.S. population, and that Hmong elders were more at risk for disability (50.7%) compared to the U.S. elderly population (37%). In confidence, we posit that many Hmong elders may have defined their own disabilities in terms of their physical health status as opposed to their trifling mental health conditions.

PRACTICAL IMPLICATIONS

Although viable extensive data is still not available about Hmong Americans' mental health status, we encourage entities to develop research protocols that will provide more depth and insights about this population. And on a continuum, this may also allow transformational progress to be tracked throughout the generations, and how it may differ on a paradigm shift. On a consumer level, more aggressive developments are still needed to help the Hmong access mental health care as well. It is recommended that community-based organizations continue to provide strong advocacy and resources to their community members, and link them to mental health services. This is particularly necessary in states with growing and/or emerging Hmong populations such as Alaska, North Carolina, South Carolina, Arkansas, Missouri and Oklahoma. Providers in these aforementioned states are encouraged to contact the established Hmong professionals and clinicians in California and Minnesota. Cultural-specific preventive and educational services are still necessary to keep the Hmong abreast of their mental health needs on a fundamental level. In conclusion, a true statistic that represents the Hmong in America's mental health status incidence is still difficult to assess at this time. More groundwork will need to occur at future intervals, with the anticipation that additional research will be provided to advance the Hmong community and their mental health status.

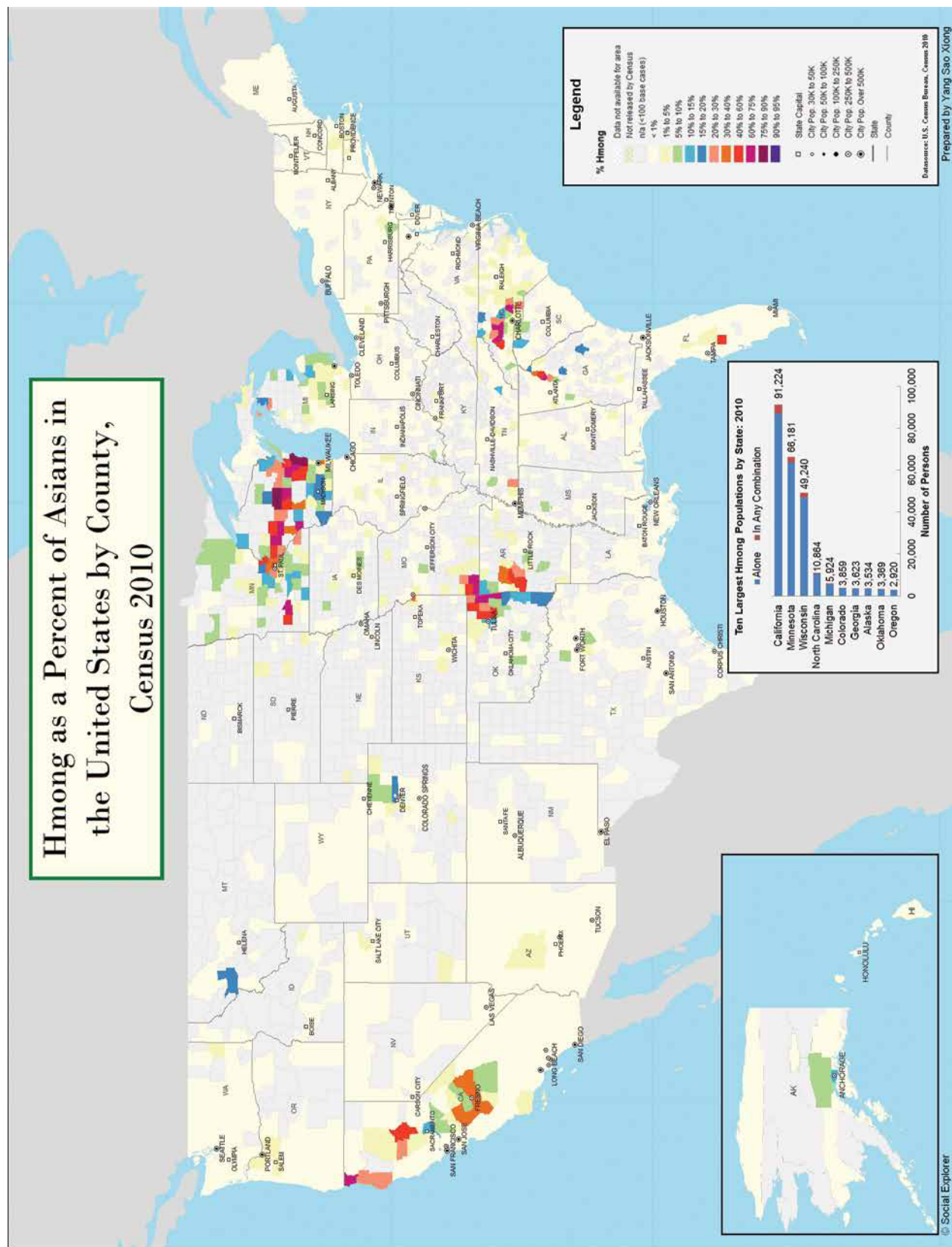
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APPENDIX A

HMONG AS A PERCENT OF ASIANS IN THE UNITED STATES BY COUNTY CENSUS 2010

Hmong as a Percent of Asians in the United States by County, Census 2010



APPENDIX B

EDUCATIONAL ATTAINMENT AMONG POPULATION 25 YEARS AND OLDER

HMONG, ASIAN AND TOTAL POPULATION

UNITED STATES, CALIFORNIA, MINNESOTA, WISCONSIN

	Total U.S.	U.S. Asian	U.S. Hmong	Total MN	MN Hmong	Total WI	WI Hmong	Total CA	CA Hmong
Population 25 years and Older	202,053,193	10,614,675	98,076	3,492,345	23,912	3,773,536	17,561	23,787,044	36,693
Less than high school diploma	14.7%	14.0%	37.7%	8.5%	35.9%	10.2%	36.1%	19.4%	42.7%
High school graduate	28.4%	16.2%	21.9%	27.6%	23.1%	33.7%	24.5%	20.7%	18.1%
Some college or associate's degree	28.9%	20.6%	25.9%	32.4%	26.1%	30.2%	23.3%	29.8%	25.2%
Bachelor's degree	17.6%	29.4%	11.3%	21.4%	11.7%	17.2%	12.8%	19.2%	10.8%
Graduate or professional degree	10.4%	19.9%	3.3%	10.2%	3.3%	8.7%	3.2%	10.9%	3.2%
High school graduate or higher	85.3%	86.0%	62.3%	91.5%	64.1%	89.8%	63.9%	80.6%	57.3%
Male, high school graduate or higher	84.6%	88.1%	70.2%	91.0%	73.0%	89.0%	74.0%	80.2%	64.0%
Female, high school graduate or higher	85.9%	84.2%	54.6%	92.0%	55.7%	90.5%	53.5%	80.9%	50.4%
Bachelor's degree or higher	28.0%	49.2%	14.5%	31.6%	15.0%	25.9%	16.0%	30.0%	14.0%
Male, bachelor's degree or higher	28.5%	51.9%	15.7%	31.8%	17.4%	25.6%	19.5%	30.7%	14.0%
Female, bachelor's degree or higher	27.5%	47.0%	13.3%	31.4%	12.8%	26.2%	12.5%	29.4%	14.0%

APPENDIX C

EDUCATIONAL ATTAINMENT AMONG THE POPULATION 25 YEARS AND OLDER

HMONG POPULATIONS

U.S. AND SELECTED STATES

	AK	AR	CA	CO	GA	MI	MN	NC	OK
% High School or Higher	37.0%	50.4%	57.5%	73.4%	85.7%	65.5%	63.1%	59.7%	79.2%
% Bachelors or Higher	0.0%	12.4%	14.9%	8.4%	18.5%	19.1%	14.7%	9.8%	10.7%

	OR	WA	WI	U.S.
% High School or Higher	72.6%	64.9%	62.4%	62.1%
% Bachelors or Higher	10.5%	14.0%	12.8%	14.3%

U.S. Census Bureau, 2006-2010 American Community Survey 5-year Estimates



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