For whom is "Successful Aging" Relevant?: (Re)defining the Aging Experience through the Voices of Hmong Elders

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For whom is “Successful Aging” Relevant?:

(Re)defining the Aging Experience through the Voices of Hmong Elders

A thesis submitted in partial satisfaction

of the requirements for the degree Masters of Arts

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by

Mai Yang Vang

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ABSTRACT OF THE THESIS

For whom is “Successful Aging” Relevant?:

(Re)defining the Aging Experience through the Voices of Hmong Elders

by

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Masters of Arts in Asian American Studies

University of California, Los Angeles, 2013

Professor Marjorie Kagawa-Singer, Chair

Academics, policy makers, and health professionals often use the phrase “successful aging” when discussing the needs of the elderly. However, the concept of successful aging has limited the scope of research in this area as it primarily has taken only the needs of certain privileged groups into consideration. The framework not only limits the number of individuals who can be seen as aging “successfully,” but also defines who are seen as failing at aging. By listening to the voices of Hmong elders, my thesis attempts to contest the current theoretical framework of successful aging and reveal how it has been exclusive not only to the diversity of the aging population but also to Hmong elders in its definition. Utilizing an Asian American Studies lens, this paper will contribute to and expand on the discussion of culture-specific approaches to successful aging and suggests a way to establish a more fluid concept of aging that steers away from the ethnocentric focus that has dominated mainstream gerontology literature.
The thesis of Mai Yang Vang is approved.

Valerie J. Matsumoto

Steve P. Wallace

Marjorie Kagawa-Singer, Committee Chair

University of California, Los Angeles

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>v</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>LITERATURE REVIEW</td>
<td>2</td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>19</td>
</tr>
<tr>
<td>FINDINGS</td>
<td>22</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>35</td>
</tr>
<tr>
<td>IMPLICATIONS</td>
<td>38</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>41</td>
</tr>
<tr>
<td>WORKS CITED</td>
<td>47</td>
</tr>
</tbody>
</table>
This research is dedicated to all of the Hmong elders who opened their hearts and shared their personal histories with me. Thank you for being the cultural historians for my family and community. I am deeply humbled to have been welcome into your homes and honored to have written your stories. Sometimes through tears and other times through laughter, your memories make visible the struggles and resiliency of the Hmong community. As I interpret your life stories of uncertainties and strength amidst much adversity, I begin to also understand my own journey as a first generation daughter of Hmong refugee parents.

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INTRODUCTION

Few studies have been conducted on the aging process of Hmong elders. As the literature reflects, there is no cohesive understanding of why and how elders age successfully, nor is there a definition that adequately describes a successful aging process.\(^1\) This thesis constitutes a step toward gaining a clearer understanding of aging among Hmong elders in Sacramento, California. One of the challenges of conducting research on successful aging among culturally distinct groups, such as the Hmong, is the lack of research on culture, aging, and the ways in which culture frames the idea of successful aging. Some studies have attempted to understand what successful aging means in different cultures but too few such studies have been conducted, and challenges still remain.\(^2\),\(^3\),\(^4\) The aging population in the United States is not homogenous and will continue to have cultural differences that contribute to the different aspects of successful aging and how the term itself is defined and conceptualized. To understand how culture shapes the experiences of aging, frameworks must be developed from the perspective of elders themselves.\(^5\)

My approach in this paper draws on a historical, ethnographic, and Asian American studies framework in conjunction with a public health framework to critique how mainstream views of “successful aging” have failed Hmong elders. Specifically utilizing an Asian American studies lens, I hope to bring a new voice to the public health dialogue in shaping how successful aging is understood. Hmong elders, too often, have had difficulty making their voices heard.

Conducting life history interviews as a method for understanding complexities of Hmong elders’


lives, I hope to amplify their voices, perspectives and contributions in the field of Asian American Studies and Public Health. While my thesis seeks to problematize the concept of successful aging, I will also attempt to shed light on the forces that have shaped how Hmong elders have challenged and/or added to the larger framework of successful aging.

The Hmong have a specific history of trauma, language, and culture that affects their lives today, they cannot be subjected to the same successful aging model as a United States born healthy white man who has not experienced the effects of war and forced relocation. Without complete understanding of the social, historical and cultural context of Hmong elders, the important work around successful aging will remain incomplete.

Lastly, it is my hope that this paper will contribute to the knowledge production of how history, culture, and society shape and impact the lives and health of Hmong elders in the United States. Given the lack of information available to advocates and health professionals who run social programs regarding the needs of Hmong elders, my thesis will provide the perspectives of these elders. The findings from this study provide communities and practitioners greater information to develop more effective strategies to address the social, cultural, and health needs of Hmong elders.

LITERATURE REVIEW

What is Successful Aging?

According to John Rowe and Robert Kahn, successful aging is the ability to maintain three factors: successful avoidance of disease and disability, maintenance of high physical and cognitive function, and sustained engagement in life through social and productive activities (see
The avoidance of disease refers not only to absence or presence of disease itself, but also to the absence, presence, or severity of risk factors for disease. The maintenance of high functional level includes both physical and cognitive components where physical and cognitive capacities are ultimately potentials for activity. An activity is productive if it creates societal value. Successful aging has a hierarchical ordering among the three components. The absence of disease and disability makes it easier to maintain mental and physical function, and maintenance of mental and physical function in turn enables active engagement with life. Rowe and Kahn argue that older adults can be seen as successful at different times in their lives, as well as in individual activities they decide to pursue. In other words, the achievement of successful aging is an ongoing process. The paradigm of successful aging assumes that individuals should be able to overcome personal barriers and work toward successful aging. Rowe and Khan assert that “we are responsible for our own health status in old age.” Conceptually, successful aging is interdependent-- to engage in interpersonal relationships and have high productivity, older adults must first take precautions to remain disease free and work to achieve and hold their disease-free status.

Figure 1. A model of Successful Aging

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7 Ibid.
8 Rowe and Kahn, 1997, 433.
11 Ibid.
13 Ibid.
Ultimately, they frame successful aging within an individualistic context and discuss it in terms of individual choices and individual behaviors.\(^{15}\)

Over the years, the term successful aging has been used interchangeably with healthy aging, productive aging, aging well, robust aging, and positive aging.\(^{16}\) A recent comprehensive meta-analysis examined these various definitions in correlation to successful aging and found that the majority of these terms were based on the absence of disability with lesser inclusion of psychosocial variables,\(^{17}\) which reflects much of Rowe and Kahn’s definition of successful aging. While there is an effort from the field to redefine the term, much of its meaning remain consistent. As a theoretical model, successful aging has either continued to be expanded in a way that is restrictive towards a diverse aging population or contested for doing so. My thesis contributes to the dialogue by not only contesting the grounds of this model but also providing a perspective to refine and develop a perspective of the aging experience through elders themselves--specifically Hmong elders.

**Critiques of Successful Aging**

The concept of successful aging can be traced back more than 50 years. The term, however, was not used until it became popularized in a 1987 article in *Science* by Rowe and Kahn, who argued that what many viewed as effects of aging were, in fact, effects of disease.\(^{18}\) Kahn and Rowe proposed that those aging successfully would show little or no age-related decrements in physiologic function, whereas those aging “usually” would show disease-

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\(^{14}\) Rowe and Khan, 1997, 434.

\(^{15}\) Rowe and Khan, 1998, 37.

\(^{16}\) See Work Cited 3, 4, 26 and 42.


associated decrements, often interpreted as the effects of age.\textsuperscript{19} Successful aging and health, then, by this definition, is based on the biomedical model, which emphasizes health status and disease. Successful aging is also a theory driven from a Western perspective\textsuperscript{20} that does not include indigenous elders’ perspectives. Hmong elders’ perspective challenges individualistic frameworks and allows us to understand the meaning of successful aging within the context of family and community.

Critical gerontologists Dillaway and Byrnes have challenged mainstream gerontology and biomedicine to avoid using successful aging terminology as currently defined, and emphasize the importance for these concepts to be re-defined by older adults themselves.\textsuperscript{21} They argue that the academic use of successful aging terminology has limited the scope of aging research because the concept has been defined from the non-elder outside.\textsuperscript{22} For the past decade, the growing critiques around the successful aging model have argued that the terminology is considerably problematic because it has only spoken to privileged groups’ experiences of aging in the United States.\textsuperscript{23,24} For example they are usually white, male, better educated, and healthier than those who aged less well which consequently is problematic and exclusionary to the multiple lived experiences of elders of color.

\textit{Successful Aging Mirrors the Model Minority Myth}

Successful aging terminology parallels the definition and utilization of the model minority

\textsuperscript{20} Ibid.
\textsuperscript{22} Dillaway and Byrnes, 703.
myth. The term “model minority” began in the mid-1960s and was first used by *The New York Times Magazine* to depict Japanese Americans and Chinese American who struggled to enter the mainstream of American life. In “Success Story, Japanese American Style,” William Petersen suggests that Asian Americans are ethnic minorities who, despite marginalization, have achieved success in the United States.\(^{25}\) Peterson describes Japanese cultures as having strong work ethics and family values. Later that year a similar article about Chinese Americans was published in *U.S. News and World Report* in December of 1966.\(^{26}\)

The model minority myth conveyed the message that Asian Americans and Pacific Islanders (AAPIs) have achieved great success by overcoming discrimination with determination and hard work. This image of the model minority promotes the idea that AAPIs as a group have “made it” in this “land of opportunity.” Consequently, cultural expectations of the dominant society are placed on AAPIs as a group—suggesting that individuals should be hard-working, self-reliant, and living the American dream. Since its creation, the model minority myth has been criticized and debated by many Asian American scholars arguing that its image is racially stereotypic, empirically inaccurate, and not applicable to the changing AAPI population.\(^{27,28}\) The myth, for example, does not hold true for many AAPIs groups such as the Hmong who have the poorest educational, social and health outcomes compared to other racial/ethnic groups in the United States because of their refugee experiences. However despite the multiple critiques of the model minority myth, the image continues to persist today.

Similarly, those who age successfully are held up to suggest that all individuals are capable of being healthy and productive, and that society should not have to provide help for groups

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when they become economically or socially dependent.\textsuperscript{29} With an individually based explanation of successful aging in place, society does not have to provide support for those who fail at aging.\textsuperscript{30,31} Mirroring the model minority myth, successful aging limits the full understanding and meaning that exists for the aging population. The lack of in-depth attention to the multiple social locations of individuals is an oversight in mainstream successful aging literature and delegitimizes the multiple narratives among elders and the aging population itself.\textsuperscript{32,33} Ultimately, this may mean that researchers, practitioners, or policy makers who use successful aging as a paradigm in their own work may be discriminatory toward many older adults in the process. As a result, they make individuals define aging processes more negatively than they might have without the influence of successful aging discourse and encourage fear about the inevitable approach of aging.\textsuperscript{34}

As mentioned above, successful aging is hierarchically structured. To engage in interpersonal relationships and have high productivity, older adults must first take precautions to remain disease free and work to achieve and hold their disease-free status.\textsuperscript{35} In measuring successful aging this way, the paradigm suggests that there is only one way to age successfully. In addition, researchers have suggested that Rowe and Kahn’s paradigm of successful aging seems to define success as an outcome, rather than a process.\textsuperscript{36} By defining success this way, larger social processes that involve the development of new roles, perspectives,

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\textsuperscript{29} Takaki, 190.
\textsuperscript{35} Rowe and Kahn. 1998, 37.
\textsuperscript{36} Dillaway and Byrnes, 707.
\end{flushleft}
and many interrelated social contexts are ignored. Successful aging literature also suggests that individuals can control whether they contract disease, their risk of disease, their mental health and emotional well-being, and their level of engagement with others. Relying only on quantitative and individual based measurements, and not taking into account the social, historical, cultural or institutional factors, successful aging could possibly portray aging as undesirable.37

Successful aging has been proven to be a failed model for elders of color but what is the alternative? Recent critics of the successful aging paradigm challenge mainstream gerontology and biomedicine to avoid the usage of successful aging terminology, as it is currently defined.38. 39 However, existing critiques of successful aging have had little impact on mainstream gerontology, biomedicine, or policy arenas. Many of these critiques are still recent and are still tentative and incomplete. Dillaway and Brynes argue that critics have spent more time critiquing the basic dimensions of the existing successful aging paradigm and less time attempting to create their own, new conceptualizations of this terminology. They urge fellow researchers and practitioners to renew and expand their critiques so that these critiques can be understood and consumed more fully by mainstream gerontology. By listening to Hmong elders, I hope to redefine, re-expand, and re-conceptualize what it means to age successfully for the Hmong.

**Hmong American History**

The Hmong origins can be traced from Southern China to the highlands of Laos.40 Between 1959-1975, the Hmong were routinely recruited by the United States. Central

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37 Kaufman et.al, 738.
38 Holstein and Minkler, 796.
39 Strawbridge et.al, 72.
Intelligence Agency (CIA) to fight against the communist Pathet Lao as part of the "Secret War" in Laos.\textsuperscript{41} When the United States pulled their troops from Southeast Asia in 1975, Laos fell to the communists and the Hmong became a target for extermination by the North Vietnamese and the Pathet Lao for being United States allies during the war.\textsuperscript{42} Many Hmong families were captured and killed. As a result, many others were forced to flee their homeland. Many escaped through the jungles of Laos and across the Mekong River into Thailand where they were corralled into refugee camps. Most families waited in the camps for years, hoping to survive until another country granted them asylum.

The United States, Canada, Australia, and France were among the first countries to admit refugees.\textsuperscript{43} As resettlement opportunities in the United States became available in the mid-1970s, the Hmong began arriving in waves. About 130,000 Hmong people came to the United States as political refugees beginning in the mid-1970s.\textsuperscript{44} In December 2003, the United State State Department approved an additional 16,000 Hmong refugees living at Wat Tham Krabokr refugee camp in Thailand to resettle in the United States.\textsuperscript{45} Today, approximately 260,076 Hmong live in the U.S.\textsuperscript{46} However, it is believed that these statistics are a 50% to 60% underrepresentation, primarily because of the language barrier confronting the Hmong when completing the census report.\textsuperscript{47} Today, Hmong American populations are mainly concentrated in North Carolina.

\textsuperscript{42} Hamilton-Merrit, 559.
\textsuperscript{47} Ibid.
10,864), Wisconsin (49,240), Minnesota (66,181), and the largest population resides in California (91,224). 48

Western Regulations of Health Success

The concept of successful aging is not the first time communities of color were held to western standards of health. A similar idea has also been applied to the Hmong and other Southeast Asian refugees as well. The United States begins to subjugate the Hmong and other Southeast Asian refugees such as Cambodians to the Western idea of “health” beginning in the refugee camps in Southeast Asia in the 1980s. In Aiwha Ong’s examination of the refugee experience in Buddha is Hiding, she articulates how the United States immigration authorities perceived the political and diseased bodies of Cambodian refugees allowed into the United States.” 49 Ong argues that through naming and ordering refugee illnesses in the camps, the United States sought to discipline the behavior, beliefs and grief of refugee patients according to the self-evident truths of biomedicine. 50

Many Hmong and Southeast Asian refugees had to fit into the U.S.’s narrative to ensure a positive health outcome of experiences and services. One of the many obstacles Southeast Asian refugees faced was to correctly pass the United States Immigration and Naturalization Service (INS) interview during refugee camp life. American health services and immigration officials working with refugees during that time tended to view Southeast Asians as threats, both ideologically and medical, to the Americans. Ong, suggest that understanding the need to pass the health screening, refugees were able to negotiate the truths and stories that the INS needed to

48 Ibid.
50 Ong, 2003. 93.
hear to label them as fit and healthy for the U.S. life and narrative.\textsuperscript{51} Southeast Asian refugees who passed the INS screening were moved to transit camps “where they were subjected to language and cultural orientation classes aimed at transforming them into citizen subjects ready for resettlement in their destination country.” \textsuperscript{52}

**Hmong Concepts of Health and Culture**

The single word “health” does not exist in the Hmong language. Instead, the idea is framed within the context of wellness. When greeting each other, one asks, “koj pua noj qab nyob zoo?” which translates to “are you eating and living well?” If the person answers “yes” then the conversation about their health ends. If they answer “no,” then one would begin to ask more specific questions, such as “koj puas nyuab siab?” which translates to “do you have a difficult liver?” The Hmong believe that the liver is the center of all human emotions, and therefore is expected to play a huge role in mental health stability, and overall personality.\textsuperscript{53} The term liver however does not imply a physiological problem in the liver, but instead refers to emotional problems and well-being. For example, siab phem (ugly liver) is used to label a bad person or it usually means the person has become destructive and abusive. A good person however is called siab dawb (white liver). Nyuaj siab (difficult liver) is a term used when a person is worried. Tu siab (broken liver) is a term used when someone has feelings of sadness. Kho siab (murmuring liver) is a term used when someone is lonely or sad. Poob siab (dropped liver) is a term used when a person is startled or scared, which later can cause an individual’s soul to leave the body and, according to the Hmong, may lead to illness.\textsuperscript{54}

\textsuperscript{51} Ong, 2003, 59.
\textsuperscript{52} Ibid.
\textsuperscript{54} Yang, TuChai. Informant Interview. 19 Apr. 2011
All aspects of life in traditional Hmong culture including marriages, births, illnesses, deaths, harvest, and disputes are intertwined with animistic beliefs and values.\textsuperscript{55} Shamanists believe that an individual has several souls (ntsuj plig). Although there is not an agreement on the exact number of souls the Hmong believe that souls play a crucial role in health, healing, and illness. All the souls in a person’s body must remain in harmony to maintain good health. Illness occurs when their souls separate from their physical body.\textsuperscript{56} For example, if a Hmong elder has symptoms of depression such as a feeling of sadness, loss of appetite, or fatigue, he or she may say it is because one of their souls has left their body. As a result a hu plig (soul calling) ceremony conducted by a shaman may need to be performed to bring back the person’s soul. It is believed that the longer the soul or souls are separated from the body, the less treatable the illness.\textsuperscript{57}

There are cultural influences in the way that the Hmong engage with health care practice. Hmong cultural perspectives on health are very different than the perspectives of Western health and medical professionals. While the United States reflect Western values and cultures, which focuses on individualism and patient autonomy, the Hmong place a strong emphasis on family, clan, and communal decision-making.\textsuperscript{58} Furthermore, Hmong culture views all illness and symptoms as curable, so when Western doctors advise them that they have a chronic disease for which there is no cure, they often believe the doctor has given up on them. Additionally, the Hmong place value on trusting relationships with healers, whether they are traditional herbal healers or U.S. health care providers. However, there are many barriers to developing a trusting relationship with U.S. health care providers, including language, communication style, and the

\textsuperscript{56} Yang, TuChai Informant Interview
\textsuperscript{57} Cha, 22.
\textsuperscript{58} Cha, 35.
inherent imbalance of power.\textsuperscript{59} As a result of the historical and personal experiences Hmong have had with Americans, the barriers mentioned above are further compounded by Hmong refugees’ social, economic, and political situations, such as being poor and on medical insurance assistance.\textsuperscript{60} Hmong culture and spiritual beliefs are strongly intertwined with their beliefs relating to health and illness and therefore must be more completely understood in order to fully identify, evaluate, and respond to social and health issues facing Hmong elders.

**Challenges Facing Hmong Elders in the United States**

Adjusting to living in the United States has been particularly hard for Hmong elders. After their arrival, they faced numerous difficulties in adaptation to different roles, rules, and expectations in a new culture and a new society.\textsuperscript{61} Traditionally, the Hmong were a preliterate society. They did not have a written language until the 1950s, when Christian missionaries provided them with a Anglicized, phonetic version of the Hmong language. However, they do have a strong oral history tradition in which they use *paj ntaub* (traditional story cloth) as a way of remembering their history.\textsuperscript{62} Many Hmong elders arrived with only the clothes on their bodies and a few personal belongings. With their forced relocation, the Hmong lost much of their assets. The loss of farms, animals, and homes had a big impact because they were more than just the source of income and status – they were a way of life and identity for Hmong.\textsuperscript{63} Prior to their arrival, the Hmong were agriculturalist--they practiced slash and burn agriculture.\textsuperscript{64} Hmong men, women, and children all worked in the fields, planting rice, corn, and vegetables for family consumption. Although the Hmong are a patriarchal society, both genders engaged in the same

\textsuperscript{59} Culhane-Pera and Xiong, 56.  
\textsuperscript{60} Ibid.  
\textsuperscript{61} Mote, 10.  
\textsuperscript{62} Ibid.  
\textsuperscript{63} Detzner, 28.  
\textsuperscript{64} Chan, 14.
activities in order to provide for the family’s basic needs. As a result of war and relocation to the United States, many Hmong elders have experienced a wide range of changes in their traditional roles and daily activities.

The majority of Hmong refugees came to America with little or no formal education and a great sense of post-war loss. There were not many relocation efforts offered in education or skills training to adequately prepare young Hmong adults and elders for the American workforce. Instead the Refugee Act of 1980 tried to balance refugee assistance with the expectation of gainful employment. Compared to other states, California had a generous package of public assistance for refugees and poor residents, however with time-limited provisions up to only three years after arrival. During this time of support, Hmong and other Southeast Asians had to enroll in one of two refugee employment programs to study English as a Second Language (ESL) and receive vocational training for entry-level jobs. However even when refugee assistance came to an end, Hmong adults—especially elders continues to struggle in the United States. Additionally many refugees resettlement programs in the United States had sponsors such as churches or associations to help Hmong families settle in. However, the underlying goal of the sponsorship was, however, to bring refugees “to economic self-sufficiency as quickly as possible.” This rush found many service providers and health professionals unprepared to address the mental and physical health needs that would come not only from poverty but also with the many changes in roles and social status that would occur among Hmong elders.

65 Cha, 13.
66 Ong, 87.
67 Ibid.
68 Ibid.
69 Vang, 49.
Many elderly Hmong men’s identities are rooted in a premigration past, in a home and culture far from the place where they currently live.\(^70\) While female elders’ identities are also linked to the past, they still retain continuity in their present day roles as mothers and grandmothers.\(^71\) Scholars suggest that Hmong women’s previous roles as nurturer, child care provider, housekeeper, and cook have remained intact in the new context in America, and even though women have assumed new roles, they are better able to retain important elements of their family identities than men in the oldest generation.\(^72\) However researchers note that happiness also comes with a cost for these elderly Hmong women due to memories of their lost family members, way of life, home, and country.\(^73\)

All of these social changes can create tremendous stress for many Hmong elders similar to other non-English speaking immigrants and refugees to the United States, such as the generational gap they experience with the Hmong youth. For example, as younger family members take on primary roles as family interpreters and gatekeepers to American institutions, such as the school or legal system, dependency on the youths’ language skill causes elders to lose some of their leadership roles in the eyes of the family and larger American society.\(^74\) Hmong elders become increasingly dependent upon younger family members to interact with society and access basic survival needs.\(^75\) Scholars have also recognized that while Southeast Asian elders try to maintain their role as transmitters of traditional values and customs, grandchildren often reject their cultural heritage in order to lessen their conflicts during

\(^{70}\) Detzner, 149.  
\(^{71}\) Ibid.  
\(^{72}\) Detzner, 149.  
\(^{73}\) Donnelly,1994.  
\(^{75}\) Yee, 295.
acculturation to American ways. Furthermore, Hmong elders lack English language skills and adequate knowledge of American culture, which decreases their credibility when advising younger family members about important decisions. Their wisdom of life is seen as having little relevance to life the youth face in the United States.

Difficulties in adapting to a different language also contribute to the poor health outcomes of Hmong elders in the United States. It is estimated that about eighty percent of Hmong adults who entered the United States were illiterate. Many Hmong elders do not have the ability to read and/or write in Hmong. There were few educational opportunities back in Laos or in the refugee camps. As a result, they arrived without English speaking abilities and little job skills marketable in the U.S. economy, resulting in short employment time that was eligible for retirement benefits. Even today, over 40 percent of Hmong Americans in California over the age of five have limited English proficiency—with a much higher percentage among Hmong elders. Notably, a strong association exists between language difficulty and poor health outcomes. Patients who lack proficiency in English often experience difficulty in expressing their problems, limited as they are, to use of simple English words to explain complex feelings, thoughts, and experiences. For many Hmong elders, linguistic difficulty discourages them from seeking Western health services when needed, especially as they are not able to report their symptoms or syndromes accurately before and after treatment or medication. As a result,

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76 Ibid.
77 Cha, 83.
78 Cha, 14.
79 SEARAC, 13.
81 Cha, 82.
language barriers and different concepts of physiology and disease among Hmong elders pose many barriers related to accessing health care and to the quality of that care.\textsuperscript{82}

Hmong elders are, thus, more likely to face cultural and language barriers, low socioeconomic status, insufficient means of transportation, and psychological challenges as a result of social isolation, enforced role change, and threats to cultural heritage posed by contemporary American life.\textsuperscript{83,84} These challenges serve as predisposing factors for increased risk in health disparities.\textsuperscript{85} For example, mental illness among Hmong elders has remained consistently high as a result of the severe psychological impact of past war, loss, and trauma, and insufficient mental health services. Posttraumatic stress is present in many adult refugees who experienced war. The difficult conditions prior to and during the escape from the Vietnam War, as well as in the refugee camp, affected individuals, families, and their communities after relocation. For example, Hmong elders who participated in a social adjustment program in Minnesota reported experiencing an average of 4.4 traumatic events including witnessing the death of family members, the destruction of home and possessions, and systematic torture.\textsuperscript{87} The participants presented themselves for treatment of physical health problems (41%), problems with family functioning (33%), social and emotional health problems (29%), and other health problems (22%).\textsuperscript{88}

Differences in income significantly affect the quality of life for Hmong elders. In a recent study by the Asian Pacific American Legal Center (APALC), Hmong Americans were reported

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\begin{enumerate}
\item Ibid.
\item Igasaki and Niedzwiecki, 6.
\item Chan, 51.
\item Kue, Y., Redo, C., and Yang, X.S. Barriers to Accessing Health Care, Blending Cultures: Health care for Hmong Elderly. Milwaukee, WI: Wisconsin Geriatric Education Center, 1995.
\item Robinson, 29.
\end{enumerate}
\end{footnotesize}
to have a per capita income lower than any racial group nationwide. Additionally, Hmong have the highest poverty rates of the major racial and ethnic groups in California at 26 percent. Over one in four Hmong Americans lives below the federal poverty line, a rate that exceeds that of Latinos and African Americans.

Hmong elders in particular have the highest poverty rate, at 22.7 percent, among all racial/ethnic groups ages 65 and over. This is almost three times the overall US senior poverty rate at 9 percent. Among the percent of households who receive public cash assistance, Hmong had the highest rate among all racial/ethnic groups in California at 13 percent compared to the U.S. overall average at 2.9%. Poverty is also strongly associated with poor health outcomes among elders, leading to many economic challenges, which further prevent them from accessing affordable and quality health care. Additionally living in poor socioeconomic conditions places Hmong elders at a greater risk for greater health problems.

Due to the range of current challenging social circumstances and the refugee experiences, addressing the health needs of Hmong elders has been difficult. Embedded in these difficulties are the complexities of their lived experiences navigating new environments and norms with little social capital. In order to be effective at addressing the various health concerns among Hmong elders, we must begin to listen to their personal stories to clearly understand the lived experiences and social challenges that Hmong elders face and begin to reconceptualize how they have constructed a meaningful aging process. Thus, as noted, this paper attempts to add to the concept of successful aging and inform studies on aging that prioritizes the perspectives of elders.

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89 Asian Pacific American Legal Center. 24.
90 Ibid.
92 Southeast Asian Resource Action Center, 13.
93 SEARAC, 15.
94 Kue and Yang, 2.
and could enable practitioners to positively affect the delivery of health care services for Hmong elders in California.

**METHODOLOGY**

This qualitative study took place in Sacramento, California. Recruitment was conducted by the bilingual, bicultural principal investigator through referrals and snowball sampling from family, friends and community networks between November of 2010 to January of 2011. Once the principal investigator obtained referrals, phone calls were made to participants to request and confirm interviews for the study. Interview requests and confirmations were also made at local community gatherings and *Noj Peb Cuag* (Hmong New Year) spiritual ceremonies. All participants had to meet two criteria: 1) to self-identify as Hmong and 2) be 55 years of age or older. Fifty-five was the selected as the minimum age because many informants from the community considers individuals near this age to be a wise elder.\(^{95}\) While 55 was the minimum age for the study, the youngest interviewee was 62. The principal investigator received approval from the Institutional Review Board before proceeding with the study.

Interviews were conducted and collected in March and April of 2011. Since this is an uncharted area of study, semi-structured was best for the study.\(^{96}\) Questions in the interview guide were designed, translated, and back translated into Hmong and English (see Appendix A.) Eleven inductive in-depth, semi-structured, interviews were conducted with Hmong elders and audio recorded. Seven interviews were conducted with elderly women and four were conducted with men. All interviews were conducted face-to-face in the homes of the elders. Inductive

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\(^{95}\) Yang, TuChai. Informant Interview. 19 Apr. 2011

\(^{96}\) Bernard, Russell H. Research Methods in Anthropology: Qualitative and Quantitative Approaches. Lanham, MD: AltaMira Press, 2005, 212.
qualitative thematic analysis was used to analyze narratives. As new concepts were identified, they were integrated into subsequent interviews according to the protocol of inductive interviewing. Through content analysis common patterns and themes from each interview were then identified and extracted. All names were changed to protect the privacy of the interviewees.

Reflections on Methodology Process

The Hmong elders I interviewed were eager to tell me their stories and hopeful that their lived experiences and insights would provide me the knowledge I needed to not only preserve a legacy for their family but also to share with the world. This paper only begins to capture a piece of the many hours and emotional moments that occurred throughout the interviews. While the findings in this paper provide great insights on how Hmong elders define their aging experience, there were also many unbelievable life experiences and incredible moments in these elders’ lives that I was not able to include. It is my hope to continue expanding this research project in the near future.

When I began this research project my position as a community insider allowed me great access to my participants. As an insider the Hmong community, the participants I recruited were more likely to trust me not only because I identify as Hmong but also because I knew the language and the culture and, notably, they knew my lineage. My grandfather is the leader of the Yang clan in Sacramento. By providing his name and my relationship to him, Hmong elders were more willing to accept my request to participate in the research project. Thus, through my networks, I was able to recruit participants through close family and friends.

While I do consider myself an insider, there were many times throughout the interview process where I felt like an outsider. As a result of my age, education, and my gender (primarily

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Bernard, Russell H, 492.
when I interviewed Hmong elderly men) I could sense a distance between the elders and me. A key characteristic that made me an outsider was my age. This created a generational gap at times and a perceived lack of importance of my study among the elders. To address this issue, my mother or an older aunt accompanied me during the interviews which allowed the elders to take me a more seriously. Additionally, while I spoke Hmong fluently, another factor that made me feel like an outsider were the small moments of disconnect during the interview process. This was mainly because the elders and I had different concepts of health even though we were both Hmong. Theoretically there was a disconnect with some questions I had originally asked the first interviewees. When asked “what do you do these days to stay healthy?” the elder could not answer my question. Recognizing that the elder was confused, I realized that a “no answer” was “an answer.” I had to reframe my question to “what do you do physically to keep your body strong?” The elder then was able to articulate the daily activities she engaged in to maintain her physical health. Although I made adjustments to my interview guide shortly afterwards, it was in these moments that spoke to my experience as an outsider.

Lastly, I recognize that my perspective as a Hmong American plays a key factor in informing my research project. My identity is closely intertwined with my passion to pursue this knowledge production that is lacking in the field of gerontology. As a researcher of color I am aware that my lived experiences may inform my research design and its’ impact on the data at large. However it is through my identity and lived experiences where I find strength to articulate the narratives and experiences that these elders shared with me. While this research project was emotionally heavy it was also empowering and transformative for not only the elders but for me as a young Hmong American. There were many tearful moments that the elders shared stories about the trauma and loss they experience during the Vietnam War and here in the United States. Elders also lectured me from time to time during the interviews about life lessons they had
learned in their lifetime. While it was difficult to separate myself out of the conversation, I learned quickly how to navigate through the interview to refocus the conversations back to the research project.

FINDINGS

Demographics

The ages of elders ranged from 62 to 95 with 32 years as an average time spent in the United States. Four elders in the study were widowed (3 women and 1 man) while the rest had their partners with them. In regards to education, 10 of the 11 participants did not have any schooling in Laos, Thailand or in the United States. One of the elderly men was a soldier during the Secret War. The Hmong elders’ household size ranged from 5 to 15 people. All the elders lived with their families and none owned a home. See Table 1 for a description of each interviewee.

Table 1.

<table>
<thead>
<tr>
<th>Name*</th>
<th>Age</th>
<th>M/F</th>
<th>Age of Arrival</th>
<th>Time in the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bao Xiong</td>
<td>74</td>
<td>F</td>
<td>42</td>
<td>32</td>
</tr>
<tr>
<td>Dia Yang</td>
<td>66</td>
<td>F</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Doua Chang</td>
<td>82</td>
<td>F</td>
<td>50</td>
<td>32</td>
</tr>
<tr>
<td>Due Vang</td>
<td>95</td>
<td>F</td>
<td>61</td>
<td>34</td>
</tr>
<tr>
<td>Gab Neej Vue</td>
<td>78</td>
<td>M</td>
<td>43</td>
<td>35</td>
</tr>
<tr>
<td>Gaw Moua</td>
<td>69</td>
<td>F</td>
<td>36</td>
<td>33</td>
</tr>
<tr>
<td>Longka Lor</td>
<td>65</td>
<td>M</td>
<td>35</td>
<td>30</td>
</tr>
<tr>
<td>Mai Cha</td>
<td>68</td>
<td>F</td>
<td>35</td>
<td>33</td>
</tr>
<tr>
<td>Seng Moua</td>
<td>74</td>
<td>F</td>
<td>42</td>
<td>32</td>
</tr>
<tr>
<td>VaMing Xiong</td>
<td>62</td>
<td>M</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Waleng Her</td>
<td>67</td>
<td>M</td>
<td>37</td>
<td>30</td>
</tr>
</tbody>
</table>

* All names are pseudonyms
Emerging Themes

The emerging themes in this study provide a better understanding of the needs and aging experiences of Hmong elders. The findings of this study are limited to the Hmong elders in Sacramento and should not be generalized to all Hmong elders. The following discussion will provide more insight and context into each of the five themes and their relevance in establishing a more fluid concept of successful. See Table 2 for emerging themes.

Table 2.

Major Findings

<table>
<thead>
<tr>
<th>Emerging Themes</th>
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</thead>
<tbody>
<tr>
<td>1. Health defined through family and community</td>
</tr>
<tr>
<td>2. Differences in the aging experience through gender roles</td>
</tr>
<tr>
<td>3. Strengthening of belief in cultural traditions and religion as one ages</td>
</tr>
<tr>
<td>4. Physical and mental health as part of everyday life</td>
</tr>
<tr>
<td>5. Sense of self-worth</td>
</tr>
</tbody>
</table>

1. Health Defined through Family and Community

An elder’s health is reflective of their community’s health. The most common theme that emerged from the interviews was how Hmong elders defined their own health in terms of social contact with community. Similar to the current literature that suggests social domain as an essential definition of health for all ethnic groups, the Hmong elders I interviewed also defined...
their health within the social domain. Social domain consists of characteristics such as family interconnectedness, social support, and interaction.\(^9^9\) Although, there were some elders who defined their health in terms of physical, psychological, and/or spirituality health, the social domain was by far the most common definition among all the Hmong elders interviewed.

Repeatedly in the interviews, Hmong elders expressed satisfaction with their health through interactions with their families. Similarly, one qualitative study that examined Chinese and Chamorro elders also found that health and well-being were closely tied to the importance of a strong family system.\(^1^0^0\) From the interviews conducted, Hmong elders felt that having relationships with family and clan was crucial to their health. As Due Vang, a ninety-five year old woman explained:

“\textit{When I’m not feeling well, your aunt [her granddaughter] takes me to the doctor’s office…I don’t know what the doctor is saying but your aunt is always there to help me understand...my heart is at peace because she is with me... I enjoy having her with me, it’s the only time when I see her.}”\(^1^0^1\)

Mrs. Vang discussed how she enjoyed going to the doctor’s office because it was only through this instance that she could spend time with her grandchildren. Having to see the physicians gave a reason for her grandchildren to take her out. This interaction through the rides to and from the office provided Mrs. Vang ultimate fulfillment and happiness, which made her feel healthier.

Many of the comments about health were also related to the interactions they had with their families. VaMing Xiong, a sixty-two year old elder, viewed aging and his health through his interactions with and perceptions of his family. Xiong states “…\textit{living a difficult and hard life}

\(^9^9\) Ibid
\(^1^0^1\) Vang, Due. Personal Interview. 28. Dec. 2010.
will surely make you age quicker...if you have no family to spend time with, you will feel sadness...when you feel sadness, you will age quicker...”¹⁰² For Mr. Xiong, receiving emotional support from family and friends was one way to keep balance in order to stay healthy. Similarly, defining one’s own health through social interactions with family was also echoed in Gab Neej Vue’s interview. When questioned about his health, he would refer back to the health of the community in order to describe his own health. “For me, living well...I measure my life by the way people around me live...if my family and friends are happy, if my grandchildren are happy...I believe this is when my heart is happy and at peace...”¹⁰³

The relational impact between family relationships and emotional well-being was particularly emphasized by the elders. Many of the Hmong elders interviewed viewed their health based on emotional well-being as opposed to the physical health and disease-free measurement of successful aging. For Mr. Xiong and Mr. Vue, the health of their families and communities was a direct reflection on how they view their own health and happiness in their lives.

2. Differences in the Aging Experience through Gender Roles

Another common theme that emerged in the interview was the importance of roles and functions in the family unit. There were major differences in how elderly Hmong men and women define their health and roles in the family. Older Hmong males faced downward mobility in status and spoke of struggles in finding a new role among their families. They also discussed how they encountered discrimination when searching for employment in the United States. Older Hmong women, on the other hand, discussed their roles as mothers and caregivers, which remained relatively the same. This finding is similar to the research mentioned earlier describing

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¹⁰³ Vue, Gab Neej. Personal Interview. 5 Jan. 2011.
how Hmong women’s previous roles as nurturer, childcare provider and housekeeper have stayed intact in the new context in America. While they may play new roles, elderly Hmong women are still able to retain important elements of their family identities, especially in comparison to elderly Hmong men who expressed frustration with their new roles and relationships in America.

Longka Lor, a sixty-five year old elder who came to the United States as a refugee, discussed how he had difficulty securing employment due to education and language barriers. Since he did not understand any English and did not have the education and training to acquire a high paying job, his first job was in the service industry washing cars. The second job he obtained was as a gardener. Mr. Lor described his experience when he first arrived in the United States:

“When I stepped on this land, the first thing I did was search for work. I searched for a long time...everywhere I went Americans had negative thoughts of me...they did not want my help. They didn’t want to hire me because I had no education...I can’t speak English but I still have two hands and can work hard.”

Likewise, Waleng Her who is sixty-seven also alluded to the same experiences faced by Mr. Lor. In the interview, Mr. Her discussed the differences he experienced in Laos compared to United States when searching for employment:

“In this country, Hmong men are not treated the same. In Laos, work was easy to find and I was never treated with disrespect from villagers...for a long time, my heart was filled with sadness that I could not provide for my family...work is important to me, it is who I am...”

For these two elderly Hmong men, employment defined their role in the family and clan. Before arriving in the United States both men were the sole provider for their families. Location

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104 Detzner, 149.
105 Lor, Longka. Personal Interview. 17 Dec. 2010
and the daily context of their lives in Laos positioned Mr. Her and Mr. Lor as heads of their household. However, their experiences in the United States changed their ability to fulfill this role drastically and their narratives reveal their loss of function, responsibility, authority, and self-respect in their families. Once a self-sufficient farmer in Laos, VaMing Xiong now depends on a $700 monthly Supplemental Security Income from the federal government. Xiong explains in his interview how he misses his farmland and the opportunity to work:

“\emph{When I think about my life in Laos, it breaks my heart. I came here too late to get a piece of paper [education]...by the time we older people arrived we could not keep up and learn the new ways...I had no papers, so I could not find work...I know there are many elders who feel the same way I do...sometimes alone and sad...}”

While there is a sense of loss of power among the elderly Hmong men interviewed, somehow they are still able to retain their memories through spaces such as family gatherings, religious ceremonies, and clan meetings. In these spaces they discuss their past to preserve the important memories in their lives. Interestingly, as older Hmong men lose power and authority here in the United States, older Hmong women retain or gain some measure of control of their lives.

Among the interviews, Hmong elderly women were less concerned about maintaining a position of power during the restructuring of their lives. Instead, they were more concerned with the social context of their family in a new environment. Many of the elderly Hmong women discussed the pros and cons of what America had to offer but ultimately wanted to stay with their children and grandchildren. When asked why Bao Xiong prefer to live in America she answered:

“...\emph{this is a country filled with talented and intelligent people...my children and grandchildren will be among these people...here there are many opportunities...they can receive a piece of paper that will open doors and will not have to work so hard like me...}”\footnote{Xiong, Bao. Personal Interview. 17 Dec. 2010.}
While Hmong men discussed the loss of power and of their traditional role as workers, the most common roles mentioned by the elderly Hmong women were those associated with family functions such as childcare and food preparation. As Mai Cha, a sixty-eight year old woman, explained:

“My daughter-in-law enjoys my cooking, this makes me happy. I prepare food daily and always have dinner ready for her and my son when they come home from work. They eat the food I cook...most of the time it is just boiled chicken and vegetables but they still eat it {chuckles}...this makes me want to live longer...”\textsuperscript{108}

For Ms. Cha, contributing to her family through cooking meals is an empowering part of her own health. The relationship with her children not only as a mother but as a caretaker provides Ms. Cha with a sense of dignity and pride. In many Hmong American families adult children and grandchildren do not have time for cooking, which often takes several hours. Being able to provide stability to the family gives her a sense of place and belonging to her family and community.

Roles relating to childcare are another theme that became apparent in the interviews. Since middle age Hmong parents often work outside the home, grandchildren become a daily responsibility of their grandparents, who often serve as co-parents for the children. This role remains intact because in Laos, elderly Hmong women would watch their grandchildren if the grandchildren were not old enough to work in rice fields. As Dia Yang states:

“As long as I can remember, my grandparents used to watch after me and my younger siblings in Laos...as an older person, I’m now doing this too.... I enjoy the time with my grandchildren...I enjoy watching them grow {smile}... did you know I can still carry them on my back? I’m not too old yet...I carry Lia on my back...”\textsuperscript{109}

\textsuperscript{108} Cha, Mai. Personal Interview 28, Nov. 2010.
\textsuperscript{109} Yang, Dia. Personal Interview. 27 Nov. 2010.
While there are gender differences among the elders, what they have in common are concerns around intergenerational conflicts. Many of the elders compare the Hmong children in Laos to the Hmong children in America. The elders expressed disappointment in how Hmong elderly men and women are treated by Hmong American youth. Gaw Moua recalls, “In Laos children listen to their parents because they relied on us but now children don’t care to listen to what we have to say…they think we are useless.” Similarly, Mr. Lor states:

“…I have seen with my own eyes that some children here don’t listen to the elders…they do as they please in America and they can say what they want…this makes me sad and hurt because our younger generation are turning out to be bad people...as elders we used to have respect in our country but not here…”

While the Hmong elders were critical of the Hmong youth, interestingly they held American mainstream culture responsible for the destructive influences. Mrs. Moua believes that Hmong families and elders have an obligation to teach their children and grandchildren cultural traditions and respect. When asked what she expects from Hmong American youth, she highlighted pursuing both an education and maintaining Hmong traditions and culture.

3. Cultural Traditions and Religion Become Stronger as One Ages

Religion and culture emerge as a strong influence in how Hmong elders define their health. Many of the elders believe that with age comes a stronger belief in one’s own cultural traditions and religion. When asked how religion or faith play a role in their life, Doua Chang answered, “When an elder becomes sick, there are spiritual reasons why...it is not because of old age... the soul may be wandering because it is frightened or heart broken...a hu plig (soul calling) ceremony must take place to call the spirit back home…” Interestingly, for Mrs.

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110 Moua, Gaw. Personal Interview. 28 Nov. 2010.
111 Lor, Personal Interview.
112 Chang, Personal Interview.
Chang, the cause of someone’s sickness was not isolation but the broken heart of one’s soul. She viewed this issue primarily as a spiritual one and not so much due to isolation and/or depression.

Among the Hmong elders I spoke to, their first tendency was to seek treatment from a shaman or a traditional Hmong healer before resorting to western medicine. In the Hmong culture, a shaman is responsible for two things: first, taking over the patient’s body to fight for his or her soul and secondly, restoring the wholeness of the patient. For example, Gab Neej Vue’s belief in Shamanism became stronger as he aged. He discussed how old age is connected to one’s well being:

“As you age, you will understand that to live longer you must restore your soul...when I was young, I did not understand this...when you are old, you have already done bad and good in your life...spirits return to take your soul for the wrong you have committed in this life time...when someone is sick, it’s because their soul has been captured...the shaman will have to go into the spiritual world to testify and undo the wrongs that the person has committed...every person I know will have to seek a shaman as they become older...as a Hmong person, you cannot escape this...”

Vue explains that spirits do not capture souls because they want to--it’s a result of the wrong decisions made in the person’s life. While the quote is reflective of a person’s individual choice, this is in the larger social context of family ties. While Vue articulates in his interview that the shaman must consult with the spirits to figure out what he/she did wrong, and pay dues through animal sacrifices and paper money, this ceremony is conducted so that the person’s family will not suffer for their decisions later in life. If the offended spirits have accepted the offering, the shaman can return with the person’s soul. For Vue and many elders, old age is not necessarily the cause of sickness but spiritual reasons. Souls play an important role in health and aging among the Hmong elders.

113 Yang, Informant Interview.  
114 Vue, Personal Interview.
With a large focus on the significance of souls leaving or staying in a body, it is apparent that Hmong elders’ perception of health and aging includes both physical and spiritual well-being. For the Hmong it’s important to take care of the soul as opposed to the body. This affects treatment since the Hmong strongly emphasize health on emotional and social well-being and not predominantly the physical aspect of health. This is also one reason why the Hmong see a shaman instead of going to a medical doctor. While studies have been conducted on the positive impact of spirituality and religiosity on health, their meaning continues to evolve for the Hmong. Some scholars have found that the concept of spirituality among older adults has not been integrated into any promising intervention models that promote successful aging.\(^{115}\) Research has shown that a positive state of well-being, a reduction in depression and morbidity, and an increase in the life span of older adults are all strongly connected to spirituality.\(^{116}\) These studies, however, have primarily been done with individuals who believe in Christianity.

Because of external cultural pressures, Hmong elders reported a mix of concerns about maintaining religion and preserving traditions among the youth. While some elders feared the loss of culture and traditional practices in the United States, others were not too alarmed. For Mrs. Xiong, the loss of Hmong culture and religion was not a huge concern. When asked if she thought the youth would stop participating in cultural traditions, she answered “....we do not have many shamans in America as we did in Laos...but I’m not worried...one day the ancestors will call for someone in the family to be a shaman...our youth will be called upon and he/she will become very sick... and they will have to respond...” Instead of fearing the loss of tradition,


\(^{116}\) Ibid.
some elders urge both the young and the old to be proactive in teaching one another about the old and new ways. Xiong expressed:

“...children should help elders understand the ways of America but at the same time we should also be patient with our children... if a young person does not know how to say something in Hmong or understand a ritual, be patient and explain to them kindly their mistakes...this will help make our children and our lives a little better...”

4. Physical and Mental Health as Part of Everyday Life

For the Hmong elders, the concept of physical and mental health included numerous facets of their life. First, physical health was seen as part of their daily routine and not as something separate. Staying busy with community activities, farming where they could find land such as their backyard, and/or watching their grandchildren were identified as some of the key activities in maintaining their physical health. When asked what activities Mr. Vue engaged in to stay physically healthy he answered: “...I’m much older now so I cannot run...even though I have sweet blood [diabetes in Hmong] I can still play with my grandchild...if I can still carry my grandchild then I believe my body is still very strong...”

Elders also discussed eating a traditional diet as a way to stay physically healthy. For Gaw Moua, maintaining her cultural diet was a method to keep her physical health. When asked how she maintained a healthy body, she answered, “

...I cannot carry my grandchildren or work in the backyard with your grandpa...I’m too old so now I just watch what I eat...eating fresh vegetables and warm chicken can keep your body strong... in this country the food here taste too good... Americans put too much chemicals in their food so I don’t eat any of it....”

While Rowe and Khan define successful aging as “the avoidance of disease and disability,” the narratives from Hmong elders did not reflect their framework. One of the Hmong

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117 Xiong, Personal Interview.
118 Vue, Personal Interview.
119 Moua, Personal Interview.
elders explained that even though he had a chronic illness such as diabetes, he still viewed himself as healthy.\textsuperscript{120} Studies that have examined how minorities redefine health have found similar results. One qualitative study that examined how American-born Japanese view health and illness found that there was an importance in the social function of their identity in light of the reality of their physical status.\textsuperscript{121} It is important to recognize that even though physical health was instrumental among Hmong elders’ perceptions of successful aging, poor physical health did not eliminate them from viewing themselves as healthy and/or living well. For example, Seng Moua, shared her inability to sew \textit{paj ntaub} (Hmong embroidery) due to her slow progressive of vision loss. Moua articulated that while she could no longer put a string through the needle hole, she remains “happy” because she had passed down the skills and trained her daughters to sew \textit{paj ntaub}. Culture can shape the ways in which people perceive and express their emotional and mental health. Hmong \textit{paj ntaub} as an art and needlework is a significant and meaningful part of a larger range of connections between mothers and daughters and is still practiced in the United States—although not as widely practiced due to changes and influences of American culture. For Moua, the art of \textit{paj ntaub} that she was able to instill in her daughter provided her with a sense of meaning which affected her perception of importance in her social function of her cultural identity.

5. Sense of Self-worth

Lastly, the most recurring theme from Hmong elders was a desire for a sense of self-worth. Many elders desired a need for acknowledgement of their contribution to their family. For Waleng Her, recognition for his expertise with the \textit{qeej} (a Hmong instrument) was key to

\textsuperscript{120} Xiong, Personal Interview.
defining how he saw himself and his self worth as cultural resource for his family. The qeej is a musical instrument, which has vital role in Hmong social and funerary rituals and is mainly played by Hmong men. During funeral rituals it is through the music of the qeej that helps direct the souls of the deceased to the land of his/her ancestors.122 “…back in Laos, villagers would call me to play the qeej at funerals…today many Hmong families still call on me to play for the dead…I have an important role for our people…it important for my children to understand…for my sons to understand…”123 For Waleng, he saw his role as a valuable cultural resource to the Hmong community, especially to his sons. Being among the few men left who is skilled in playing the qeej in his clan, Waleng wanted to be acknowledged for his cultural contribution to his family.

From the various interviews, it was evident that self-worth was interconnected with the aging experience. Because elders make up a small number in the population and are invisible to researchers, policy makers, and service providers, much of their contributions to their family goes unnoticed. Western ideology generally has negative assumptions about the contributions of the elderly. As a result of this, it is unlikely that Hmong elders or elderly immigrants will be viewed as a valuable resource by society. As echoed in Doua Chang’s interview, “…our youth here do not respect the elders as much as they did back in Laos. America teaches the young people here to just care for themselves and not their families…I am sad…I wonder why many parents here do not teach their kids to care for their elders…”124

Interestingly, Doua’s negative reflection of the Hmong youth in America speaks to the fact that many Hmong elders are not acknowledged and appreciated for their contributions. However, in the more traditional Hmong families, the historic responsibilities of the young for

122 Yang, Personal Interview.
123 Her, Personal Interview.
124 Change, Personal Interview.
the elders are still intact. Other elders I interviewed share how they felt loved through kind words spoken by their grandchildren. Self-worthiness also came in the form of kindness. The elders discussed how kind words were reflective of how a person, a family and a community cared for them. Many elders that I spoke to considered kindness the single most important attribute from the family and community. While modern western ideologies continue to view the old as burdensome, for some Hmong families there seems to be a blending of traditional respect for elders with a realistic understanding of the modern realities and pressures from western society.

**DISCUSSION**

Throughout the interviews, there were various influences of cultural patterns and structural forces that shaped the lives of these Hmong elders. The themes that emerged reveal how the role of culture is significant in Hmong elder’s adaptation to social and economic structures. My research is not only important to the field of Asian American Studies but also to the field of gerontology and public health. By providing new voices that broaden the range of aging experiences we can learn how elders are not only different but similar across racial/ethnic and geographic locations. Elders are a heterogeneous group and static, monocultural models cannot speak to the full aging society.

Through my interviews with Hmong elders, it was clear that health is not dependent upon individual choices and behaviors. While Rowe and Khan suggest that individuals are responsible for their own health status in old age, their framework does not reflect the lived experiences of Hmong elders. Many of the elders I spoke with measured the status of their well-being through their interactions with their families and social networks. For Hmong elders, finding connection to family and community may be intensified because of the wartime loss of loved ones and
homeland. For many of the Hmong elders, family and community are the only things they have left to hold onto that maintains their identity.

Rather than individual choice, many of the Hmong elders emphasized the importance of communal decision-making through consensus with their family and clan. In contrast to westerners, Hmong elders make decisions about their health collectively with their family and not as individuals. When decisions are being made about an elder’s health, it is not he/she alone who makes the final determination but the whole family and clan.

While many Hmong elderly women did speak about having validation in their nurturing roles in the context of America, many of their grandchildren are also in school resulting in more free time in the homes. When Hmong elders arrived they were embedded in their families’ experiences of shifting roles. The reconstruction of family roles among Hmong families also shapes the health and aging experience of Hmong elders.

The elders alluded to the fact that much of their family structures and roles changed after their arrival in the United States. This created much instability and sometimes uncertainty for the elderly. A shift in the distribution of power, authority, and control among Hmong families has impacted the health of Hmong elders. Many of the elderly Hmong men I interviewed rue the downward mobility they faced not only in the larger mainstream society but also in their respective families. For instance, some of the Hmong elderly men discussed in their interviews how they were only able to find relatively short period of formal employment (such as washing cars) in the U.S., which led to limited access to health care and retirement benefits. This is an example of a structural force that has led to the difficult economic circumstances for Hmong elders.

Additionally, Hmong elders also struggled with power redistribution not only between genders but across multi-generations. Although children and grandchildren continue to respect
their elders, the absence of many traditional daily practices is a recurring reminder to elders of their loss of life in Laos and their authority and status within the family in the new environment. While elders do continue to play important roles within their families, they continue to feel less important in the American context compared to when they lived in Laos. It is difficult for elders who cannot speak English to maintain credibility in advising the Hmong youth and sharing cultural values and maintaining leadership roles. Throughout the interviews, Hmong elders echoed how their cultural knowledge and life experiences had little relevance to the younger generations here. Elders often find it difficult to reach a balance between their responsibilities to give direction to Hmong youth and at the same time allow them to make their own decisions. Stories from Hmong elders to their children and grandchildren can have moral and life lessons that may transcend place. Biculturalism may be key to the well-being of youth and elders. Many of the elders in this study expressed their interest to begin or continue working with the Hmong youth in their families, teaching them traditional values which contribute to not only their own emotional well-being but also to the well-being of their youth. Future research should examine the perceptions of younger generations toward Hmong elders and examine the ways in which cross-generation dynamics impact the health and aging process of Hmong elders.

While this study is one step toward gaining a clearer understanding of aging it does have some limitations. First, this thesis does not establish a definition of successful aging for Hmong elders but rather highlights five major themes that emerged from the Hmong elders experiences--specifically in Sacramento. While findings may reflect other Hmong elders who were not interviewed, results from this qualitative study cannot be generalized to all Hmong elders or other elders of colors. Secondly, since this study was cross-sectional, it was an exploratory study design that collected qualitative data one point in time. As a result it’s difficult to explain phenomena that may occur over time. Lastly, because many of the participants knew my family,
this could have affected the quality of my data since some may have been hesitant to disclose more information, particularly negative sentiments. Ultimately, however, this study helped expand and developed a better understanding of successful aging and should be considered discovery research.

**IMPLICATIONS**

Western models such as successful aging cannot do justice to the full experience of Hmong elders who have lived through war, violence, forced relocation and disconnection from family and community. While my research does shed light on the aging experience of Hmong elders, it is my hope that these findings can also be utilized in comparing Hmong elders views of health and aging to other elders of color that can help promote cross-cultural understanding and expand concepts of healthy aging to identify ways to create new models by which health care professionals and service providers and policy makers might modify their efforts to address not only the health needs and challenges of Hmong elders but a growing diverse aging society.

While this thesis does contribute to the dialogue by contesting the grounds of the successful aging model it also has provided a new lens to refine and develop a perspective of the aging experience through the voices of Hmong elders themselves. The various themes that emerged can provide a clearer understanding of how programs can begin to respond to the shared realities of Hmong elders whose lives are embedded not only within their families but also in social context of the Hmong community and the larger society as a whole.

Furthermore, in many cases policy makers and service providers tend to assume that ethnic families are able and willing to provide for the needs of all their members, including elders. While this may be true in some cases, it is not reflective of the entire elderly population. Although such a sense of responsibility may have held true back in Laos, younger Hmong
families now are working and may not be able to provide the full emotional and social attention that was provided to the elders back in their homeland. In the interviews, Hmong elders spoke to the concerns about the negative influence that western culture may have on their grandchildren. From the lack of appreciation for the elderly to the lost of Hmong culture, elders may continue to have a tremendous amount of stress and mental health problems.

The contributions of elders to the stability, self-sufficiency and legacy for their families are often overlooked. Hmong elders should be seen as a resource for their families and communities. Many Hmong elders play a role not only as caregivers, educators, and childcare providers, but also as cultural historians. Elders provide cultural roots and a valuable source of both human and social capital to families that have lost their tradition or have been displaced. Hmong elders are resilient contributors to their families and their communities despite their many losses, separations and conflicts. Because of their perseverance and strength to escape war in Laos and survive in the Thailand camps, they facilitated, through their tenacity and vision, their families’ journey to be here in the United States. Hmong elders not only serve as important figures in maintaining cultural and historical knowledge for younger family members and to the world but also a visible link to younger family members to their cultural past. They are also a reminder of the importance of family and community. If society began to recognize and acknowledge elders for their contribution to the world, then perhaps we could begin to move in the right direction to improve the health outcomes and aging experiences of our elders. At age 98, Due Vang is clearly an example of what successful aging can be--- as she articulates below recognition and kindness from family and society could be the right step forward in enabling us to improve the health outcomes of not just Hmong elders but an aging society at large.

“In this life time, all I want is kind words from my community and my children. I will always remember kind words and actions...if my grandchildren go to the store, I hope they think about me and return with a gift. If my grandchild goes to market, I hope they...
think about me and return with sweets at my door. And before my grandchildren walk out these doors, I hope they ask for me before they leave.”
Thank you for taking time out to be part of this study. Before we start, I would like to go over again why I asked you to be part of the study. I am doing a study to understand how Hmong elders view aging through their life experiences in the United States and how this has impacted their health. Specifically, I’m interested in talking to Hmong elders to understand how social roles and their daily activities have change since living in America. There is very little information available to people who run programs to address the needs of Hmong elders. I believe that your perspective as a Hmong elder is very important to the success of this study to provide information that could provide services that Hmong elders need.

This is a confidential interview. Your name, the name of your family or clan, will not be used in any publications. I will be asking you some questions that you might feel uncomfortable answering. You are free not to answer any question if you feel uncomfortable with it. Also, if I see that you are clearly upset or distressed, I will stop the interview. You can also stop the interview at any time. I will be audio-taping our interview today, but please know that your name will not appear on my notes, the tape, or transcripts. Audio-taping helps me to pay closer attention to what you have to say and not be distracted by taking too many notes. The information you give me today will be identified only by a number. No one else besides me will have access to the information. However, you may decline to be audio-taped.

Do you have any questions regarding the study purpose or the survey before we begin? Do you have any other questions about the study that are unclear to you?

Do you agree to be audio-taped? If yes, turn on the tape recorder. For the record on tape, I will ask you again before we start. Do you consent to this interview? If yes, begin.
1) The first set of questions are background questions about where you live and your life growing up.

1. Would you start by telling me what it was like to grow up in Laos?
2. Who raised you?
3. What kind of work did you your parents do?
4. Did you attend school? If so, how many years of schooling did you have?
5. What kind of work/roles did you have growing up in the family? (chores?)
6. What activities did you enjoy doing as a child? What activities did you not enjoy?
7. Where do you live now?
8. What was involved with your decisions to move here?

2) The next few questions are about family and family relationships.

1. Have you been married? When and where did you get married?
2. Do you have any children/grandchildren?
3. Can you tell me about your children? Where do your children live? What do they do?
4. When do you usually see them? (eg. Ceremonies, family events, etc) How often is that?
5. What about your children makes you most proud?
6. When your parents were old, who cared for them?
7. Currently, what would you say were the BEST times in your life?

3) The next questions are about traditional and contemporary work, roles, and activities.

1. What kind of work did you do in Laos? What did women or men your age do in Laos?
2. What kind of work did you do when you arrived in America? What do others from Laos do now in America?
3. What were some barriers you encountered in finding work in America?
4. What other jobs have you had? How did you end up in that line of work?
5. What did women or men your age do in Laos? What do they do now in the America?
6. What activities do you enjoy doing now? What is it about the activity that you like?
7. What do you usually do when you want to go out for fun? Where do you do that and why?
8. What do you do when you are stressed?
9. What activities bring you peace?
10. What gives you the most enjoyment these days? How has that changed any over the past since you were young?

4) The next questions are about health and aging.

1. What does being healthy mean to you?
2. What about your health bothers you these days?
3. Are there things that you don’t do these days that you did when you were younger because of your age? (Can you tell me about that?)
4. What do you do these days to stay healthy?
5. When do you know you are sick? Who do you see when you are sick?
6. What is the best part about growing older for you?
7. What is your greatest worry about growing older?
8. What do you enjoy most about being an elder?
9. How do Hmong youth view elders back in Laos?
10. How do Hmong youth view elders now in America?

5) The last set of questions are about religion and community.

1. How has religion or faith influenced part of your life?
2. Are there any traditions that you try to make sure your children or grandchildren know about? How do you do that? What is important about these particular traditions?
3. What do you consider your community?
4. How would you describe the Hmong community in America?
5. What would you say are the most important issues facing the Hmong community today?
6. Tell me about your neighborhood you currently live in. What things do you like about it? What do you not like about it?
7. If you could change your neighborhood, what would it be?
8. If you could change anything about your community, what would it be?
9. What life lessons would you like to leave behind?
10. Is there anything else you would like to share?

Thank you very much for your participation in this project.
APPENDIX B. HMONG VERSION

Kev Sib Tham Sau Tseg & Lus Hnug

Ua tsaug rau lub sj hawm ua nrog rau qhov kev kawm no. Ua ntej peb yuav pib, Kuv xav rov qab xyuav dua ntxiv tias ua cas kuv thiaj yuav kom nej sawv daws koom nrog ua ke kawm. Kuv tab tom kawm thiab tob tau hais ua cas kabli kev cai thiab kev coj noj coj ua raus li mauj hauv hmoob cov laus lub neej ua tau thiab muaj los lawm. Nyob ntawm tej chaws United States kev txawv txav los ntawm lawm txoj kev noj qab haus huv. piv txwv tias, kuv nyiam nrog cov hmoob ua yog cov laus lawm tham thiab to taub txog txoj kev sib saib sib xyuas tshua hnub kuj muaj pauv lawm txij thauv nyob rau teb chaws America. Kuj muaj me me kev paub txog coj los rau cov tib neeg ua tuav koom haum rau cov neeg hmoob laus. Kuv ntseeg tias nej cov laus ntawm peb hmoob yog ib cov uas tseem ceeb thiab ua tau txoj kev kawm zoo heev coj los qhia thiab pub rau hmoob cov neeg laus tau yuav.


Koj pua muaj lus hnuv txog qhov kev kawm lub ntsiab los si ua ntej wb yuav pib? Koj pua muaj dua lwm los lus hnuv ua koj ho tsiw tshuas paub zoo txog?

1) Thawj cov lus hnug yog noog txog yav dhau los saib koj nyob qhov twq thiab koj lub neej loj hlob.
   1. Koj pib qhia kuv saib koj lob hlob tim nplog zoo li cas?
   2. Leej twg tu koj?
   3. Koj niam koj txiv uyam hauj lwm dab tsi?
   4. Koj puas tau mus kawm ntawv? Yog tua, koj kawm tau tsawg xyoo?
   5. Yam hauj lwm dab tsi/ cwj pwm uas koj tau muaj thauam hlob los hauv tsev neeg?
   6. Koj nyiam ua dab tsi thaum koj tseem yau?
   7. Tam sim no koj nyob qhov twg?
   8. Dab tsi nrog koj txiav txim siab tsiv los ntawm no?

2) Cov lus hnug tom ntoj no yog hais txog yim neeg thiab yim neeg txheeb zem.
   1. Koj puas tau sib yuav? Koj tau sib yuav thauam twg thiab qhov twg?
   2. Koj puas muaj menyuam/ xeeb ntxwv?
   3. Koj puas kam qhia kuv txog koj cov mengyuam? Koj cov tub tu ki nyob qhov twg? Lawv ua dab tsi xwb?
   4. Ttxhua lub caij twg koj tsib lawv? (Dab tsi, kev noj haus, tej yam tsev neeg muaj, lwm yam, muaj pes ntsawg zaus?
   5. Koj cov menyuam ua dab tsi rau koj txau siab tshaj?
   6. Thauam koj niam koj txiv tau laus, leej twg saib xyuas lawv?
   7. Tam sim no, koj nyuav hai dabtsi tau zoo tshaj nyob rau koj lub neej?

3) Cov lus hnug tom nteg no yog hais txog kev koj noj koj ua thiab hauj lwm thaum ub, meej mom, thiab ua ttxhua yam?
   1. Nyob tim nplog koj ua yam hauj lwm dab tsi? Cov poj niam los cov txiv neej li koj lub hnung nyooog ua dab tsi?
   2. Thauam koj tuaj txog America koj tau ua yam hauj lwm dab tsis? Lawm lwm tus tuaj tim nplog tuaq lawmv ua dab tsi?
   3. Tej yam dab tsi tau ua rau koj mus rhiav tsis tau hauj lwm nyob America?
   4. Koj puas tau muaj lawm yam hauj lwm ua cas koj thiaj lis tag rau kev tsis muaj hauj lwm?
   5. cov poj niam los cov txiv neej li koj lub hnung nyooog ua dab tsis tim nplog? Tam si no lawv ua dab tsi tim America?
   6. Koj nyiam ua dab tsi tshaj? Yam koj nyiam ua yog dab tsi?
   7. Ttxhua zaus koj tawm mus ua si koj nyiam ua dabtsi? Koj ua qhov twg thiab ua cas?
   8. Thauam koj muaj kev nyuaj siab koj ua li cas?
   9. Ua dab tsi thiaj coj tau koj zoo siab?
   10. Dab tsi ua rau koj zoo siab tshaj hniaj hunb niam no?

4) Cov lus hnug tom ntej no yog hais txog kev noj qab haus huv thiab hunb nyooog.
   1. Kev noj qab nyob zoo txhais li cas rau koj?
   2. Koj lub cev puas muaj mob, niaj hunb niam no?
   3. Pua muaj tej yam koj tsis ua niaj hunb niam no lis thauam koj hluas koj ua? (Koj puas kam qhia)
   4. Niaj hunb niam no koj ua dab tsi es koj lub cev thiaj muaj zog?
   5. Thauam twg koj thiaj paub tias koj muaj mob? Koj ntsib leej twg thauam koj muaj mob?
   6. Yav laus zuju no yam zoo tshaj rau koj yog dab tsi?
7. Yam Koj txhawj tshaj rau yav laus zujzu yog dab tsi?
8. Thau laus zuj zu koj nyiam dab tsi tshaj?
9. Cov hluas hmoob saib cov laus tim nplog zoo lis cas?
10. Cov hluas hmoob saib cov laus tim America zoo li cas?

5) Cov lwg hnug thauum kawg hais txog kev cai dab qhua thiab zej zog.
1. Pua muaj kev dab qhuas ua rau koj nyob rawv hauov koj lub neej?
2. Pua muaj tej kev dab qhuas uas koj xam kom koj cov menyuam los sis cov xeeb leej xeeb ntxwv paub txog?
3. Koj ntsuas saib koj cov zej zog zoo li cas?
4. Koj sim qhia saib cov hmoob zej zog zoo li cas nyob America?
5. Koj hais qhov tseem ceeb tshaj ua hmoob zej zog muaj teeb meen niaj hnub no.
6. Qhia kuv txog koj cov neeg tseen tab tom nyob ze koj ib ncig nrog uas nrog koj nyob? Koj nyiam lawv txog yog dab tsi xwb? Koj ho tsis nyiam lawv txog ho yog dab tsi xwb?
7. Yog koj pauv tau koj cov neeg nyob ib neig ntawm koj, yuav yog yam dab tsi xwb?
8. Yog koj pawv tau koj cov zej zog, yuav yog yam dab ts xwb?
9. Koj yuav xav muaj kev qhiab ua neej, Koj yuav qhia li cas rau cov nyob tom qab?
10. Ouas muaj tej yam ua koj xam coj los hais qhia saw daws?

Ua tsaug ntau nstau ua koj koom tes nrog qhou keb kawm na.
WORK CITED


