



Bridging Perspectives: Unveiling the Experiences of Hmong American Youth in Dane County

May 2024



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Our Workgroup

This report was made possible because of the invaluable contributions of many workgroup members. We used a community-based participatory approach to collaborate with a small group of community members and community partners throughout the process of building this report.

The following people were vital partners in this project. We thank you for your partnership and collaboration. Your lived experiences, individual and collective wisdom, and expertise were instrumental to this work.

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We would also like to thank the Wisconsin Hmong Association for the cover photos on the title page of this report. Photographers featured: HLS Productions and Eye Capture Productions

A note on language: the meaning of “Hmong”

In this report, we use “Hmong” or “the Hmong”, rather than “Hmong people.” “The Hmong” refers to the population, making “Hmong people” redundant. “Hmong” is used to describe both the people and the language. “Hmong” and “Hmong American” are also used interchangeably, as this report focuses on Hmong living in a part of the U.S.



ABOUT THIS REPORT

This report was created to increase community access to data about Hmong American youth in Dane County.

Dane County has the third largest Hmong population (about 5,500) in Wisconsin.²¹ 22% of all Asian youth (under 18) in Dane County are Hmong.²⁵ Many Hmong American youth are children and/or grandchildren of refugees, and may have very different experiences compared to other Asian subgroups. However, limited data is available to understand their experiences.

At Public Health Madison & Dane County, we work to advance health equity in our mission to enhance, protect, and promote the health of the environment and wellbeing of all people. We build relationships, listen to community concerns, and use data to better understand our communities and how we can provide more support.

In 2021, students were given an option to select if they were Asian (non-Hmong) or Asian (Hmong) in the [Dane County Youth Assessment \(DCYA\)](#). The DCYA is a survey administered every three years for grades 7-12. Students are asked about their opinions, concerns, behaviors, attitudes, and experiences on a range of topics across the context of school, relationships with peers, family, and community. Both categories were combined and reported under the Asian race in the [2021 Dane County Youth Assessment Racial Demographic report](#)², which only included high school students. As a result, disaggregated data was not available on Hmong students. We took a deeper dive into the data to better understand Hmong student needs, interests, and experiences.

This report aims to:

Discuss the importance of disaggregated data and effects of structural racism and discrimination on health and wellbeing of Asian Americans.

Highlight how history has shaped the experiences of Hmong in the U.S. and the effects on youth.

Provide an overview of population data about Hmong in Dane County.

Amplify Hmong high school student experiences, opinions, and perspectives from the 2021 DYCA, highlighting key themes identified by workgroup members.

Key Themes

- School environment and extracurricular activities
- Community engagement and neighborhood connections
- Discrimination
- Family relationships and communication
- Mental and emotional health

Engage community stakeholders in strategies to better support Hmong students, promote health and wellbeing, and advance health equity across multiple systems.





ABOUT THIS REPORT

The process for creating this report included:

Organizing and collaborating with a small community workgroup. It was important for our team to engage Hmong youth and other members of the community who interact with Hmong youth in their home, school, and community. Many of these community members are traditionally underrepresented in planning and decision-making spaces. We used a community engagement approach to collaborate with a small workgroup of parents, high school students, and community partners in each process of developing this report.

We recruited an intergenerational group for this report. We did this both to honor the collectivistic values of the Hmong and to make space for dialogue across generations about issues experienced by Hmong youth. The workgroup meetings served as a collaborative space where we could cultivate a sense of community, belonging, and empowerment. These interconnections are a part of building capacity for change across systems.

Monthly workgroup meetings from January through May 2024 in order to:

- Review Hmong American student responses to the 2021 DCYA data
- Gather perspectives and insights related to DCYA findings
- Prioritize key data points and identify key themes from workgroup discussions
- Review and seek feedback on the contents of this report
- Compile recommendations to address key themes and advance health equity
- Discuss culturally and linguistically appropriate approaches to share this information with the broader Hmong community

Comments and perspectives from the workgroup have been included in each key themes section. The perspectives and insights shared by workgroup members in this report cannot be generalized to the entire Hmong population in Dane County. However, it was important for our team to incorporate community voices in this process. The workgroup's perspectives provide valuable insights, and its members were instrumental in putting together this report.





ABOUT THIS REPORT

Hmong Spelling

There are a variety of spelling preferences to describe the Hmong, and this spelling may vary across contexts and use. Spelling might vary in research literature, community-facing work, or when describing the language vs. the people.

In the U.S., “Hmong” is the most commonly used and understood spelling by the Hmong community and general population. Based on discussions with workgroup members, the words “Hmong”, “Hmong American”, and “the Hmong” will be used to describe the population of focus in the context of this report.

Intersectionality

While this report centers the Hmong population, there are ongoing limitations in the data within the Asian race and among other racial groups. Improving data collection standards and reporting practices can benefit all populations. Although this report is focused on race and ethnicity data, racial identity is interconnected with other social categories that have been historically excluded in data. This includes (but isn’t limited to) gender identity, sexual orientation, nationality, and ability. People can be marginalized by multiple social characteristics beyond race, and these categories must also be standardized in data collection. An intersectional approach is needed while engaging in health equity work.

June 2024 correction notice: while this is the first report centering and highlighting the experiences of Hmong youth, a [2018 DCYA report](#) does contain data disaggregated by race and ethnicity, including for Hmong youth. This does not affect the analysis or recommendations in this report. Minor edits have been made for accuracy.



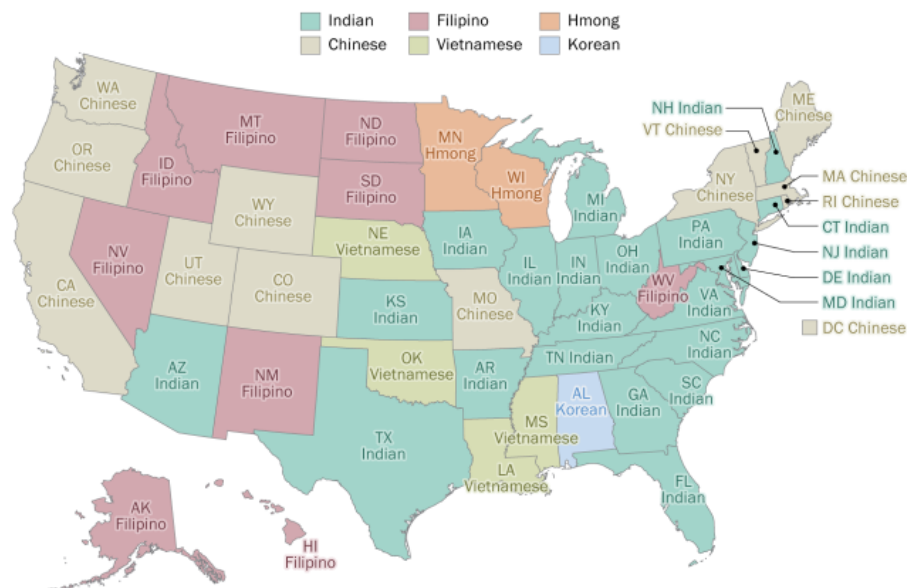
WHY DISAGGREGATED DATA MATTERS

In Wisconsin, Hmong Americans make up the largest Asian American ethnic group.⁴

Wisconsin is home to about 60,000 Hmong, the third-largest number out of all U.S. states following California and Minnesota.⁵ Despite this, data are rarely able to be disaggregated to examine health disparities unique to Hmong Americans. This is due to shortcomings in data collection methodologies.

Hmong Americans are a marginalized group that have been hidden in U.S. history. They have been invisible in data across health care, education, economics, and politics. This has led to gaps in culturally responsive programs, services, and resources. An example of the erasure of the distinct Hmong cultural identity and historical background is the misclassification of Hmong as East Asian, rather than Southeast Asian, in the 2020 Census. The Census Bureau has since acknowledged the issue, but at the time of this writing has not committed to reclassification for the 2030 Census.⁶

Largest Asian origin groups by state, 2019



Note: Figures for all origin groups include mixed-race and mixed-group populations, regardless of Hispanic origin. "Chinese" includes those identifying as Taiwanese.

Source: Pew Research Center analysis of 2017-2019 American Community Survey (IPUMS).

PEW RESEARCH CENTER

Image source: Pew Research Center⁷

Current data collection standards and reporting practices are not inclusive of large and diverse racial categories like the Asian American race. The Asian American community is the fastest-growing racial group in the United States⁸ and in Dane County⁹, and more than 20 different Asian ethnic groups live here⁴, yet many data collection forms and surveys provide just an "Asian" checkbox to categorize this entire diverse group.

Data is used to inform and guide local, state, and federal policy decisions, direct allocation of resources, and to implement programs and services. When race and ethnicity data are aggregated under broad racial categories like the Asian American race, disparities are hidden for smaller subgroups, like the Hmong. It ignores the complex histories, diverse backgrounds and cultures, triumphs, and contributions of Asian Americans across different ethnic groups and perpetuates the inaccurate narrative that Asian Americans are a monolith race.



STRUCTURAL RACISM & DISCRIMINATION

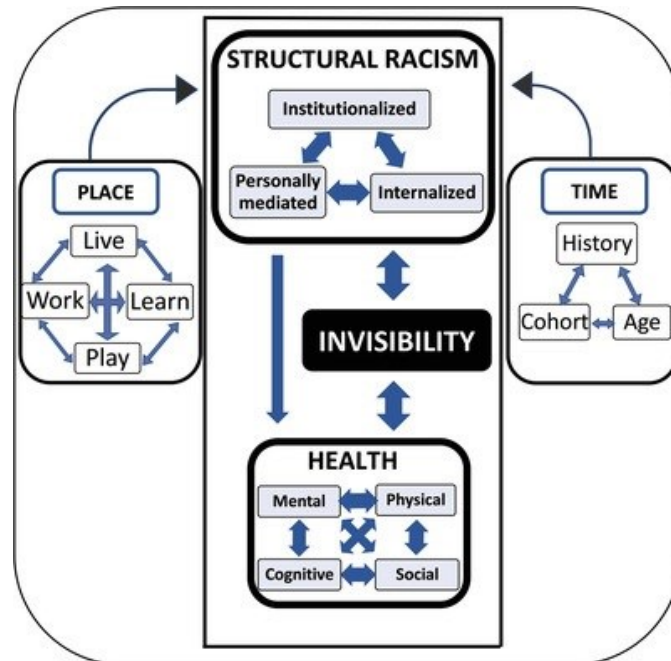


Figure: Conceptual Model for Public Health Battling Structural Racism Against Asians. Source: *Battling Structural Racism Against Asians in the United States: Call for Public Health to Make the “Invisible” Visible*. Muramatsu, Naoko and Chin, Marshall. Supplement 1, s.l. : Journal of Public Health Management and Practice, 2022, Vol. 28.

Structural racism in the U.S. has led to the invisibility of Asian Americans. Structural racism is a system that causes unfair and unjust treatment toward people belonging to various racial groups. It is embedded in public policies, institutional practices, cultural representations, and other characteristics. It privileges one race over another and gives power to institutions that govern daily life. It affects the social determinants of health and is associated with health inequities.¹⁰

The model above provides an example of the connections between structural racism, invisibility, and health across place and time. Place includes where people live, work, learn, and play. Time includes historical time, age, and groups of people experiencing historical events together over time (cohort). Three levels of racism are displayed: institutional racism, personally mediated (interpersonal) racism, and internalized racism. Institutional racism is the unfair treatment of people based on race that has been built into policies, laws, and practices. Personally mediated racism is unfair treatment of people or groups of people because of their race. Internalized racism is when the person experiencing racism believes the racist attitudes towards them are true. This can lead to loss of self-esteem and possible mistreatment of people within their own race or ethnic group. Racism can be present across multiple environments like the workplace, school, and neighborhoods. Structural racism contributes to the invisibility of Asian Americans and has impacts on health.¹⁰

Discrimination is driven by stereotypes like the “model minority” and the “perpetual foreigner”.^{11,12} Coined in the 1960s, the **model minority myth** is a false narrative that all Asian Americans are successful, hardworking, high-achieving, and economically and educationally well off.¹¹ The model minority myth is a tool of white supremacy which places Asian Americans in a hierarchy above Latino and Black populations despite their shared histories of oppression. This causes harm, tension, and inequality between people of color.¹¹ Meanwhile, the **perpetual foreigner stereotype** marginalizes Asian Americans. Asian Americans are often treated as foreigners, regardless of citizenship or length of the time they have lived in the U.S. The perpetual foreigner stereotype impacts sense of belonging and contributes to exclusion of Asian Americans as outsiders to American culture and society.¹¹



A BRIEF HMONG HISTORY

Migration from China

Culturally, linguistically, and genetically, the Hmong can be traced to populations in Southern China like Yunnan and Ghuizo. There are differing accounts on how the Hmong came to be in Southern China. One account is that Southern China is where the Hmong originally were from. Another is that the Hmong were gradually forced into Southern China after successive waves of Han Chinese empire expansion. In any case, the Hmong refused forced assimilation into Han society and began migrating from southern China into Southeast Asia during the last Chinese empire (Qing).

There is much evidence to show that the Hmong are originally from Southern China; even their oral histories tell them of their China roots. However, Hmong Americans generally consider themselves to be of Southeast Asian descent because of migration history (among other factors).

French Indochina Era

Although migration began earlier, large waves of Hmong began migrating into French-colonized Southeastern Asia in the mid- to late-19th century. They migrated to Vietnam, Laos, and Burma to escape persecution of genocide from the Qing Chinese. While the Hmong did not face genocidal persecution under the French, they were a particularly favorite target of the French. The Hmong traditionally cultivated opium for medicinal uses and occupied the highlands where opium flourished. Taxes on the Hmong were often levied in opium by the French for the opium trade. The French-appointed tax collectors also took taxes in other goods or money, effectively double-taxing the Hmong. Because of the harsh taxation and discrimination, the Hmong led a number of revolts, including one led by Pa Chay Vue, a now almost universally-beloved folk hero amongst the Hmong.

World War II era

Hmong pro-French forces fought against the Japanese invasion in World War II. They gained favor with the Laotian king after rescuing the king from Japanese forces.¹³ As a result, several French-trained and educated Hmong leaders were given national political positions of power, and the Hmong were officially recognized as Laotian citizens by the Lao Royal government in 1947. Weakened by two world wars and facing heavy opposition from communist China and the Viet Minh faction in Vietnam, France officially ceded authority in 1954, ending French colonial rule in the region.

The Vietnam and Secret Wars

While the Vietnam war was officially constrained to Vietnam, conflicts crossed borders as the Ho-Chi Minh supply route crossed through multiple countries including Vietnam, Laos, and China. Following a series of military and political coups in Laos, the U.S. feared that Laos would also fall to communist rule. Because of international agreements and the political realities of entering another theater of war, the U.S. was unable to officially intervene in Laos. Instead, the Hmong were recruited by the Central Intelligence Agency (CIA) to serve as a secret army to fight for American interests in the area. The Hmong represented the majority of the American forces in the area and it is estimated that over the nine-year Secret War, a third of the Hmong population — more than 30,000 people — died either during the war or in its immediate aftermath. That is more than half the U.S. deaths (58,000) that occurred during the 20-year Vietnam War. By the end of the war it was estimated that Hmong teenage boys — many just 14, 15, or 16 years old — made up the majority of the Secret Army.¹⁴



A BRIEF HMONG HISTORY

Persecution, Displacement, and Refugee Migration

The history of Hmong in the U.S. is unique and affects their experiences today. The Hmong fled to the U.S. after being persecuted in a genocidal cleansing immediately following the Secret War due to their associations with the U.S. Reports of Hmong being persecuted, relocated, or executed continue to this day, with reports as recent as 2021.¹⁵ Most of the Hmong in the U.S. arrived in California, Minnesota, and Wisconsin after being held in Thailand refugee camps, some for as long as 20 years. The Hmong came to the U.S. in four distinct waves: The first in 1976, the second in 1978, the third in 1998, and finally a fourth wave in 2004. Because of this, there continues to be significant cultural, linguistic, and educational disparities amongst the Hmong.

For Hmong veterans who fought in the Secret Army, the U.S. officially recognized their services in Laos in 2018 in the Hmong Veterans' Service Recognition Act. Their stories were finally recognized more than four decades after the first Hmong refugees arrived in America. Yet even today, Hmong veterans are not afforded U.S. veteran status and the associated benefits.

In present day Wisconsin, the cities with the largest number of Hmong living in them are Milwaukee, Sheboygan, Wausau (including the village of Weston), Appleton, Green Bay, Madison, Eau Claire, Oshkosh, La Crosse, Manitowoc, Onalaska, and Sun Prairie.¹⁶

Historical and Generational Trauma and Acculturation

The Secret War is a defining traumatic event in Hmong history that scattered the Hmong across the world. The Hmong were a pre-industrialized farming people in the mountains of Southeastern Asia thrust into the heart of international politics. Now, there are sustained populations of Hmong on five different continents. Coming to the U.S. was a survival response.

The Hmong had to adjust to not only a completely new environment, dominant culture and language, but it was also as if they were dropped into a completely new time era. Severe culture shock and acculturation challenges were experienced by the Hmong after resettling in the U.S. The majority of Hmong families were resettled in highly urban and segregated neighborhoods through public housing programs. They did not have adequate access to resources and services that could effectively meet their cultural and language needs. This contributed to the mix of stress and ongoing trauma experiences.

A history of centuries of fighting and persecution continues to have impacts on the Hmong community. If we are to include second-generation Hmong Americans, at least five generations have been affected by war. Only three of those generations have had formal education made available to them, and just one of those generations have had a real opportunity to grow up above the poverty line. If we include the conflicts prior to the Secret War, there are generations more worth of trauma to unpack. Impacts of the persecution in China can still be heard in Hmong language used today.

According to the American Psychological Association, some key markers of generational trauma are issues with difficulty processing emotions, anxiety, depression, low self-esteem, and isolation.¹⁷ These themes showed up in the Dane County Youth Assessment data and during discussions with workgroup members, including emotional and mental health, low self-esteem, and feelings of isolation. Acculturation issues are a major stressor in the Hmong community regardless of generation.

Health inequities amongst the Hmong indicate they have inherited genetic and biological differences from centuries of generational trauma. High blood pressure is part of the "flight or fight" response mechanism and is well documented among war veterans and survivors, even decades after conflict.³⁴ Studies among Jewish Holocaust survivors have shown that their descendants are more likely to have inherited these changes.³⁵ Similarly, Hmong children are at higher risk of developing hypertension later in life.¹⁸ Hypertension is amongst the top five health conditions for Hmong adults¹⁹, and they are also prone to having strokes at much younger ages.²⁰



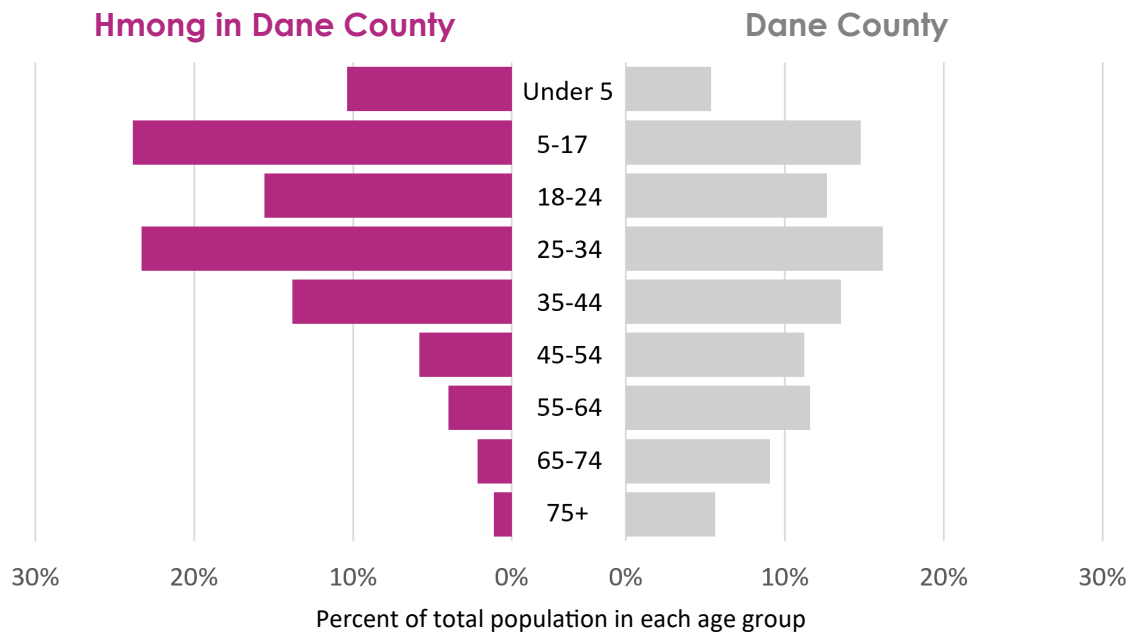
HMONG IN DANE COUNTY

There are about 5,500 Hmong living in Dane County.²¹

Around 9% of the Hmong population in Wisconsin lives in Dane County, which has the third highest number of Hmong, after Milwaukee and Marathon counties.²² 1% of the entire Dane County population is Hmong.²¹ About 57% of Hmong in Dane County live in Madison, 17% live in Sun Prairie, and 5% live in Fitchburg.²³

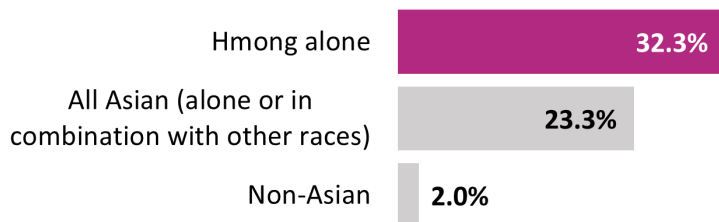
The Hmong population in Dane County is younger than the overall Dane County population.²⁴

34% of Hmong in Dane County are children under age 18, compared to 20% for Dane County overall. 15% of Dane County is age 65+, compared to just 3% of Hmong in Dane County.



32% of Hmong in Dane County are U.S. citizens by naturalization, meaning they were born outside of the U.S. and later became U.S. citizens.²⁵

The Hmong Veterans' Naturalization Act of 2000 granted an exemption to the English language requirement for naturalization to Hmong veterans and their spouses who were admitted to the U.S. as refugees after serving in support of the U.S. in Laos during the Vietnam War.²⁶



Percent of each group in Dane County that are U.S. citizens by naturalization

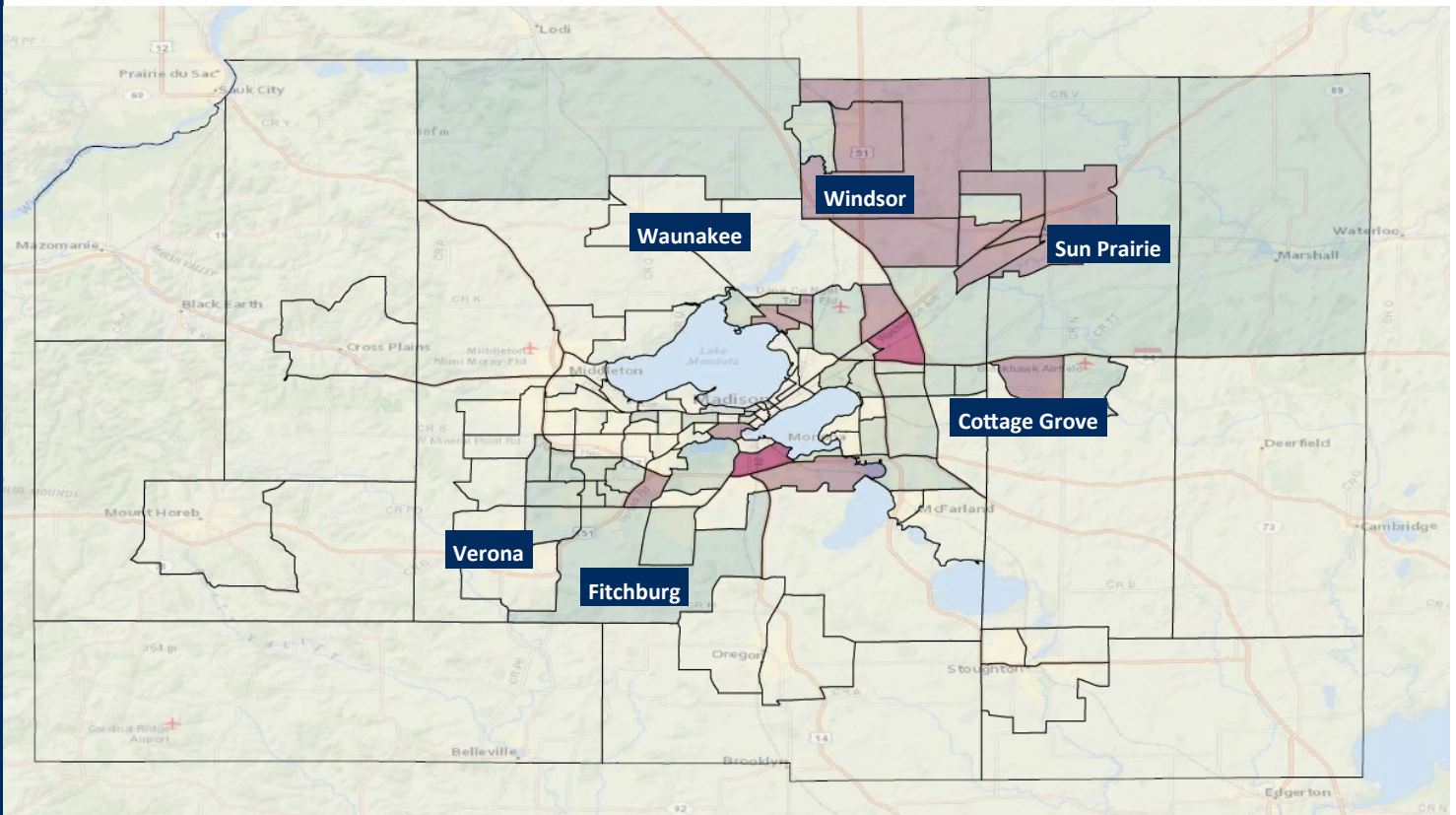
Today, among Hmong ages 5+ in Dane County, 29% **only** speak English at home, while 71% **also or only** speak Hmong at home. Of those who speak Hmong at home, 71% speak English very well, 19% speak it well, 7% speak it not well, and 3% don't speak English at all.²⁵



HMONG IN DANE COUNTY

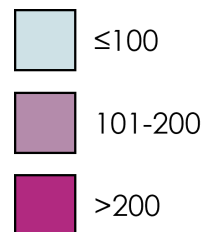
The majority of Hmong in Dane County live in the central and northeastern parts of the county.²⁷

The neighborhoods with the largest number of Hmong living in them are Capitol View/Bram's Addition/Burr Oaks (near the Alliant Energy Center), and Ridgewood/Mayfair Park/Burke Heights (near East Towne Mall).



Map of Hmong alone or in any combination population in Dane County by census tract
Note: Some census tracts may have Hmong people living in them but the numbers were too small to be reported by the Census

Number of people



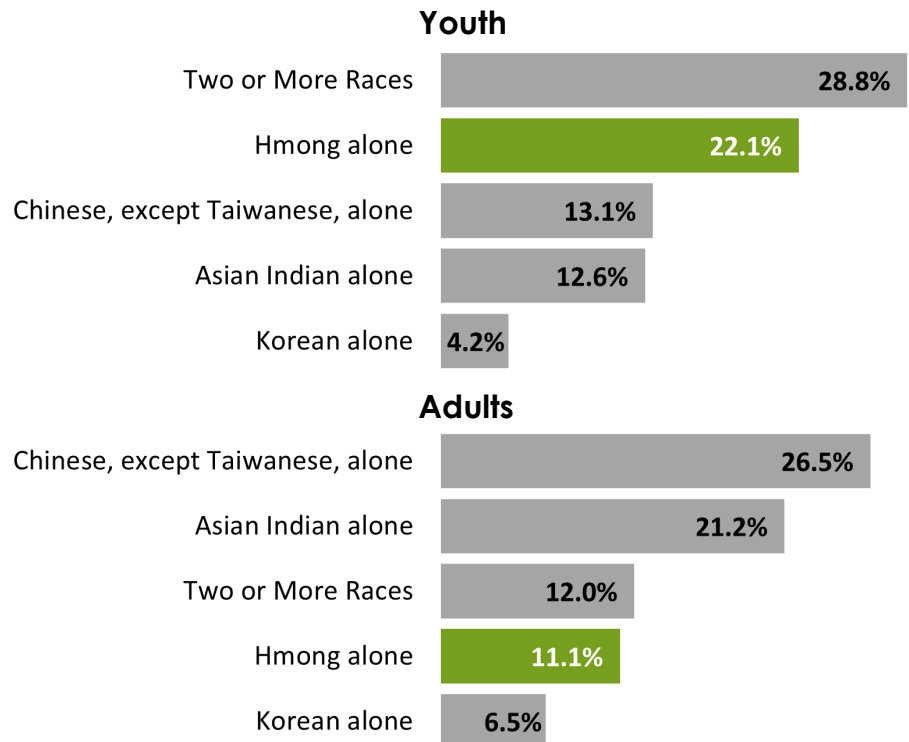


HMONG IN DANE COUNTY

Among Asian people living in Dane County, the five most common detailed races for both youth and adults are Chinese, Asian Indian, two or more races, Hmong, and Korean.²⁵

Among **youth**, Hmong is the most common detailed race, after two or more races. **22% of all Asian youth (under age 18) in Dane County are Hmong.**

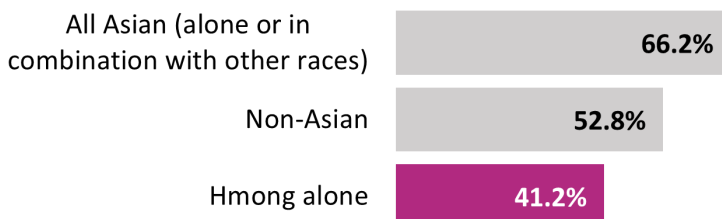
Among **adults**, Chinese and Asian Indian are the most common detailed races. **11% of all Asian adults (ages 18 and older) in Dane County are Hmong.**



Percent of Asian children under age 18 (top) and percent of Asian adults ages 18 and older (bottom) in Dane County within each of the five most common detailed Asian race groups

While 66% of Asian-Americans age 25+ in Dane County have a bachelor's degree or higher, this number is 41% for Hmong-Americans.²⁵

Asian people are often stereotyped as being highly educated and well-off financially (the “model minority myth”), but this often does not align with their lived experiences or reflect the diverse backgrounds of subgroups like the Hmong. Many Hmong adults came to Wisconsin as refugees, while many adults of other Asian descent came here specifically for higher education.



Among 18-25 year olds currently living in Dane County, 76% of Chinese people and 71% of Asian Indian people are enrolled in undergraduate or graduate school, while this number is 46% for Hmong.²⁵

Percent age 25+ in Dane County with a bachelor's degree or higher



THE DANE COUNTY YOUTH ASSESSMENT

Overview and Methodology

The 2021 Dane County Youth Assessment (DCYA) is a collaborative effort led by the Dane County Youth Commission in partnership with the United Way of Dane County, Public Health Madison & Dane County, the City of Madison, nineteen public school districts, and one private high school. Every three years, youth in grades 7-12 complete a survey that captures their opinions, concerns, behaviors, attitudes, and experiences on a range of topics.

The DCYA data presented in this report is from high school students who completed the survey through their schools between January and April 2021. This was during the COVID-19 pandemic when most students were attending classes virtually from home. This likely impacted the data in multiple ways. Some behaviors that usually take place at school (like bullying) or that involve students congregating (like alcohol use or sexual behavior) were lower than previous survey years, while some negative emotional health experiences related to stress and worrying were higher than previous years. Some students may have also experienced technology challenges that impacted their ability to complete the survey, and some may not have had their desired level of privacy which could have impacted how they responded to some questions.

In the following pages of this report we compared DCYA data for Hmong youth to non-Hmong Asian youth and to all youth. It was important to us to compare to non-Hmong Asian youth because it shows how there can be important differences that are masked when all Asian groups are combined together. When we say that a particular result was higher or lower among Hmong youth compared to non-Hmong Asian youth or all youth (or both), we consider the difference to be statistically significant. More information can be found in the technical notes at the end of the report.

The 2024 DCYA survey was completed by students in the spring of 2024. We look forward to exploring this data once it is made available, and examining trends over time.

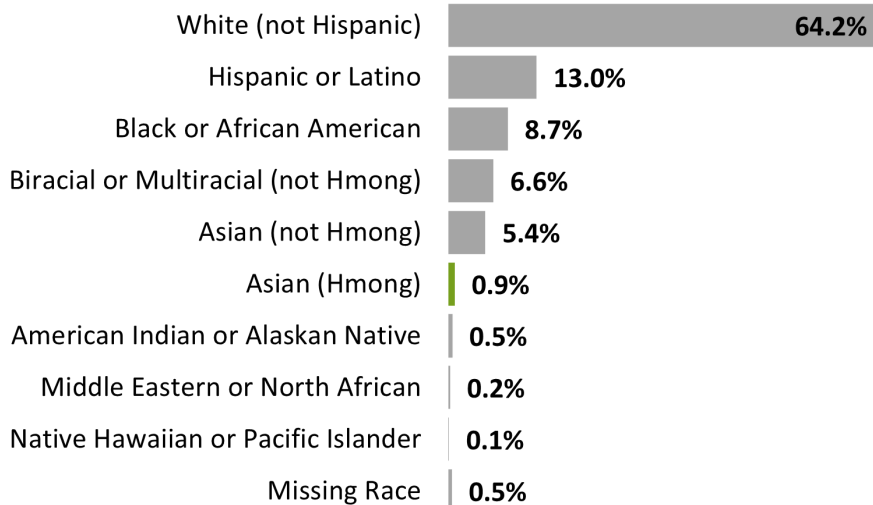
Unless otherwise specified, all the data in the following pages of this report comes from the 2021 DCYA.



THE DANE COUNTY YOUTH ASSESSMENT

Demographics

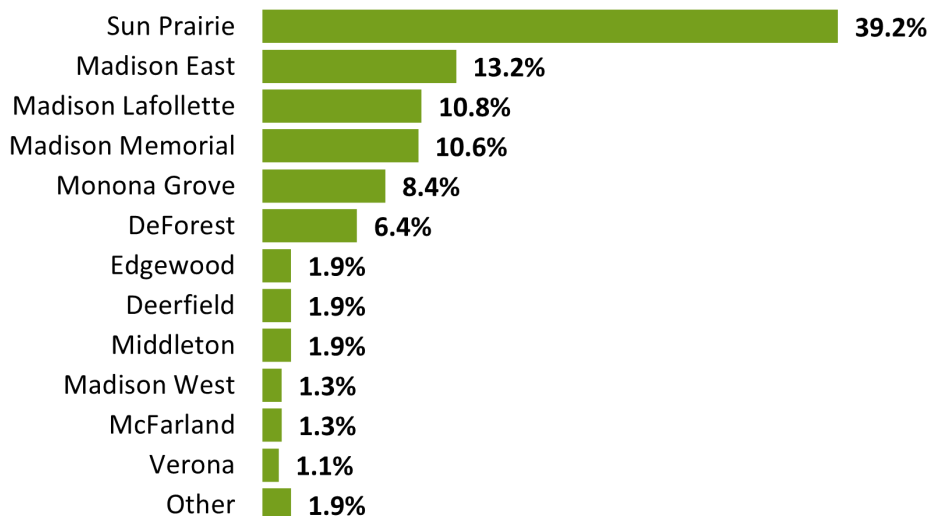
In our disaggregation of race and ethnicity data, we included students who identified as Hmong, Hmong-biracial, or Hmong-multiracial in the “Asian (Hmong)” group. **The total weighted number of Hmong student respondents was 156, representing 0.9% of all high school students.** For more information on weighting and other methodology, please see the technical notes.



Race of high school students among DCYA participating school districts

The Hmong youth in this report identified as 50.1% male, 46.7% female, 1.9% gender fluid, and 1.3% as other. Additionally, 82.8% identified as straight/heterosexual, 2.6% gay or lesbian, 7.9% bisexual, 1.3% pansexual, and 5.3% as questioning their sexual orientation.

77% of Hmong students attended high school in Sun Prairie or in Madison.



Percent of Hmong students who attended each high school

Note: At the time of this survey in 2021, there was a single Sun Prairie High School. In 2022, the school split into two high schools, Sun Prairie West and Sun Prairie East.



KEY THEMES

Our workgroup was presented with the disaggregated DCYA data, where results were statistically significantly different among Hmong youth compared to non-Hmong Asian youth or all youth. In the following pages, where we state that a result for Hmong youth was different (e.g., “lower” or “higher”) from the result for non-Hmong Asian youth or all youth, we mean that the difference was statistically significant (see the technical notes for more information on methodology and statistical testing). These differences illustrate the importance of disaggregating Hmong youth data to better understand their unique experiences. Discussion of the results led to five key themes which the workgroup identified as priority areas for recommendations and future efforts to promote health and wellbeing and advance health equity. The following pages highlight each of those five key themes, along with the main DCYA data points from each and additional context provided by the workgroup or other sources.



School Environment and Extracurricular Activities



Community Engagement and Neighborhood Connections



Discrimination



Family Relationships and Communication



Mental and Emotional Health



SCHOOL ENVIRONMENT AND EXTRACURRICULAR ACTIVITIES

Sense of belonging and inclusion are foundational values in promoting a high quality learning environment, educational success, and motivational outcomes.²⁸ Workgroup members commented that Hmong youth are most comfortable being themselves in spaces geared toward them, like Asian club, and were less comfortable and confident when in spaces with predominantly non-Hmong peers. Also, they noted that **there is lack of inclusive space, events, and opportunities available in the schools and the community.**

34% of Hmong students feel like they don't belong at their school, which was **higher** than all students.



Percent of each group that disagreed or strongly disagreed with the statement "I feel like I belong at this school"

79% of Hmong students see their education helping them in the future, which was **lower** than non-Hmong Asian students.



Percent of each group that agreed or strongly agreed with the statement "I see my education helping me in the future"

50% of Hmong students strongly agree that it's important they do well in school, which was **lower** than non-Hmong Asian students.



Percent of each group that strongly agreed with the statement "It's important to me that I do well in school"

51% of Hmong students struggle with homework because it's too hard and they can't figure it out, which was **higher** than non-Hmong Asian and all students.



Percent of each group that agreed or strongly agreed with the statement "I struggle with homework because the homework is too hard, can't figure it out"

The **model minority myth** can affect student experiences and manifest at the levels of the individual, peers, family, community, institution, and organization.²⁹ There is an interconnection between impacts of the model minority myth and the areas of social, education, health, and wellbeing.²⁹ The model minority myth can put huge pressure on Asian American students, making them less likely to ask for help even if they are struggling. When staff also internalize this myth, it can lead them to assume their Asian American students are doing well and need less support. As a result, they may not proactively reach out to offer help.

At the same time, disaggregated data revealing educational and economic disparities among Southeast Asian Americans have also created an unintentional consequence which casts Southeast Asian Americans as "failed" Asian Americans or the exception to the model minority myth.³⁰ The model minority myth ignores the complex experiences and needs of Hmong American students and contributes to the invisibility of the Hmong.³⁰



SCHOOL ENVIRONMENT AND EXTRACURRICULAR ACTIVITIES

Overall, Hmong students are less involved in extracurricular activities compared to non-Hmong Asian youth and all youth. One challenge shared relates to parental expectations for students to focus on academic achievement. Another group member shared lack of student motivation as a potential factor. More information is needed to better understand Hmong student experiences and factors related to their participation in extracurricular activities. Overall, workgroup members commented that there could be individual, family, community, and systemic factors impacting level of engagement.

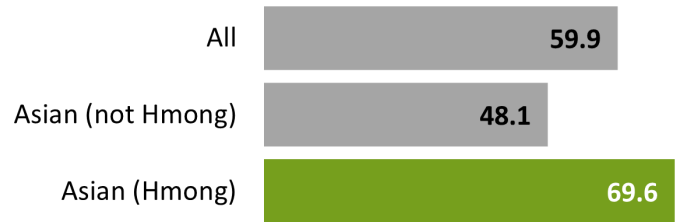
45% of Hmong students said they have no involvement in school/club sports, which was **higher** than non-Hmong Asian and all students.



Percent of each group that said they never participate in school/club sports

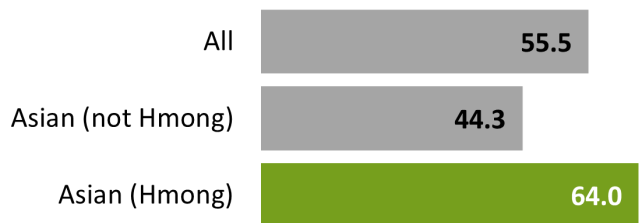
Hmong youth do participate in sports outside of school with soccer and volleyball being the more popular sports. Pick-up games are usually coordinated at various parks around the county, usually in Madison and Sun Prairie. Generally, games are composed of various age and skill groups ranging from parents, other adults, and youth. Since volleyball courts can only field a small number of players at a time, they are typically play in a “king-of-the-court” style with challenging teams having to officiate and track points prior. Youth are generally encouraged to coordinate and field their own team.

70% of Hmong students said they have no involvement in music, art, dance, or drama, which was **higher** than non-Hmong Asian and all students.



Percent of each group that said they never participate in music, art, dance, or drama

64% of Hmong students said they have no involvement in other afterschool programs, clubs, or activities, which was **higher** than non-Hmong Asian students.

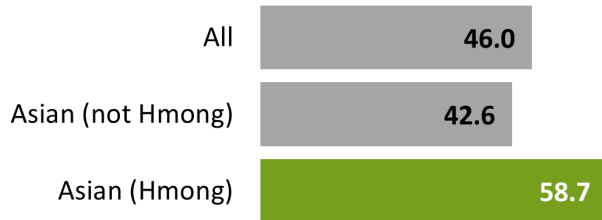


Percent of each group that said they never participate in other afterschool programs, clubs, or activities



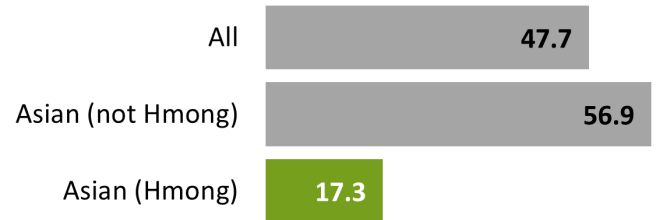
COMMUNITY ENGAGEMENT AND NEIGHBORHOOD CONNECTIONS

When asked if they have been involved in any social activism, like marches or protests, **59% of Hmong students responded “no, and probably won’t”, higher** than non-Hmong Asian and all students.



Percent of each group that said they have not been involved in any social activism, and probably won't in the future

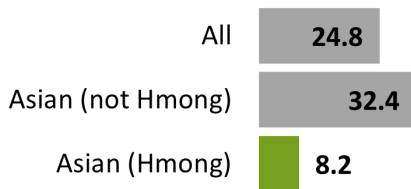
17% of Hmong students have done any volunteer work or community service in the last 12 months, lower than non-Hmong Asian and all students.



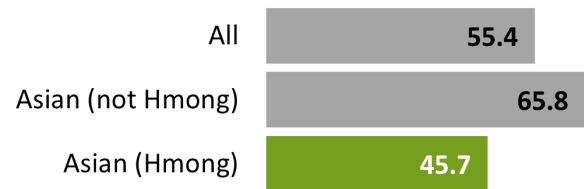
Percent of each group that said they have done volunteer work or community service in the last 12 months

The **majority of Hmong students agreed** with the statements: “People working together can make changes,” “It is my responsibility to be actively involved,” and “I think my opinion makes a difference.” However, they were **less likely than non-Hmong Asian students to strongly agree** with these statements.

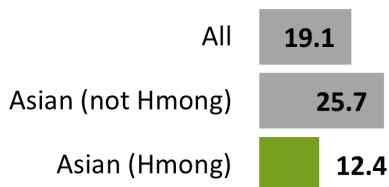
“It is my responsibility to be actively involved.”



“People working together can make changes.”



“I think my opinion makes a difference.”



Percent of each group that said they strongly agree



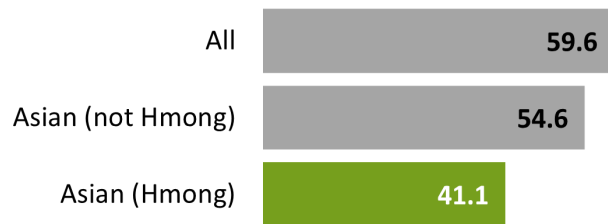
Individual motivation may be lacking but their friends can motivate them to do something.

-Community Workgroup member



COMMUNITY ENGAGEMENT AND NEIGHBORHOOD CONNECTIONS

41% of Hmong students said they would miss their neighborhood if they had to move, which was **lower** than all students.



Percent of each group that agreed or strongly agreed with the statement "If I had to move, I would miss my neighborhood"

Most (83%) of Hmong students feel safe in their neighborhood; however, this is **lower** than the number for non-Hmong Asian and all students.



Percent of each group that agreed or strongly agreed with the statement "I feel safe in my neighborhood"

The lack of community engagement, at all levels, was one of the more prominent issues identified by the workgroup. Several compounding factors can be attributed to this, including high levels of discrimination, low self-esteem or lack of confidence, and a lack of role models or mentors.

Discrimination may have an effect on the students' self-esteem and desire to engage. There may be less connection and responsibility to the broader community, and low sense of belonging. Microaggressions by institutional agents or adults in the students' lives through the questioning and undermining of their abilities were examples given. Adult expectations can be high which may prevent youth from asking for help.

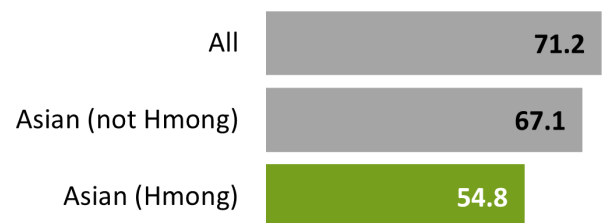
The workgroup members felt it was important to be able to identify role models or mentors who are active in the community or are in leadership roles, especially those that are not only able to recognize the more subtle discrimination practices and language but who are willing to call it out.

57% of Hmong students feel they can ask their neighbors for help, which was **lower** than all students.



Percent of each group that agreed or strongly agreed with the statement "I can ask my neighbors for help"

55% of Hmong students said they help their neighbors, which was **lower** than all students.



Percent of each group that agreed or strongly agreed with the statement "I help my neighbors"



DISCRIMINATION

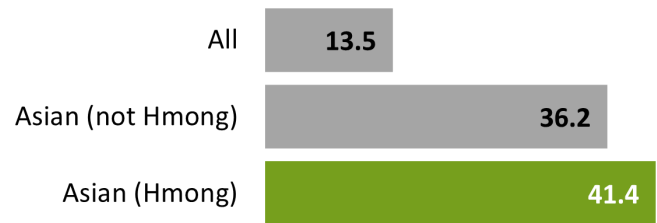
Several workgroup members were surprised by the high rates of discrimination. It was helpful for the group to learn about the many ways people can experience discrimination based on various social characteristics (i.e. race or ethnicity, income, disability, religion, sexual orientation, and gender). A concern discussed was that some students have normalized and internalized their experiences of discrimination and this has led to lower reporting practices. Additionally, lack of response following their reports have resulted in students keeping their experiences to themselves.

53% of Hmong students said they have been treated unfairly or discriminated against, which was **higher** than all students.



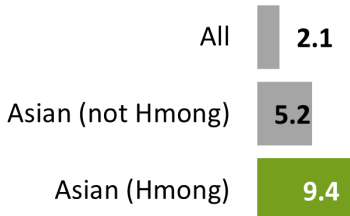
Percent of each group that said they have been treated unfairly or been discriminated against

41% of Hmong students said they have been treated unfairly or discriminated against because of their race, which was **higher** than all students.



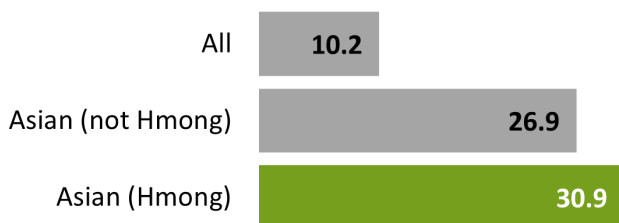
Percent of each group that said they have been treated unfairly or been discriminated against because of their race

9% of Hmong students said they have been treated unfairly or discriminated against because of their language, which was **higher** than all students.



Percent of each group that said they have been treated unfairly or discriminated against because of their language

31% of Hmong students said they have been bullied, threatened, or harassed about their race or ethnic background, which was **higher** than all students.



Percent of each group that said they have rarely, sometimes, or often been bullied, threatened, or harassed by others about their race or ethnic background in the past 12 months

Many people are unfamiliar with the Hmong, because Hmong and Asian American history have been long excluded from Wisconsin’s K-12 public education curriculum. To address this knowledge gap, **Governor Tony Evers signed Assembly Bill 232 / Senate Bill 240 into law on April 4, 2024 which mandates that all school boards in Wisconsin teach Hmong and Asian American history, culture, and contributions.**³¹ This is a positive step in institutional change and may help to increase the general public’s knowledge and awareness of Hmong American and Asian American communities.



FAMILY RELATIONSHIPS AND COMMUNICATION

Generational differences, sociocultural norms and values, traditional gender roles, and language can impact family relationships and communication. Workgroup members commented on the challenges of being “trapped between two languages” and the mixing of Hmong and English languages. Hmong parents who are in the sandwich generation need to be fluent in Hmong to communicate with their elders, while also needing to speak English to communicate effectively with their Hmong American children.

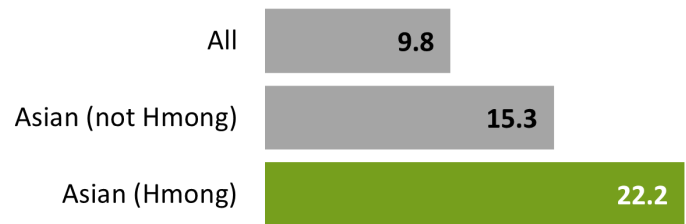
In addition, Hmong students are less likely to talk with their parents about sexual health. Conversations about sex can be perceived as culturally impolite and embarrassing.¹ One workgroup member commented not knowing how to start conversations about sex, but that they’d be interested in resources and education on the topic.

34% of Hmong students said their parents always or often talk with them about things that bother them, which was **lower** than all students.



Percent of each group that said their parents always or often talk with them about things that bother them

22% of Hmong students said they usually never eat evening meals with their family, which was **higher** than all students.



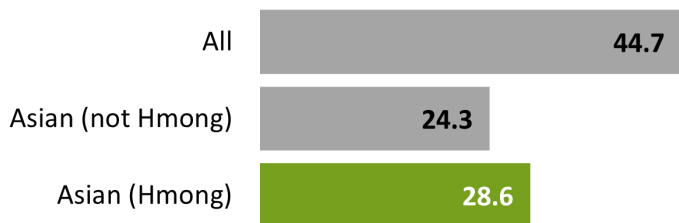
Percent of each group that said in an average week, they don't eat any evening meals with their family



Students don't communicate with parents about sexual health. This is understanding because it is very embarrassing to talk about it with older parents.

-Community Workgroup member

29% of Hmong students said they have had a good talk with their parents about birth control, which was **lower** than all students.



Percent of each group that said they have had a good talk with their parents about birth control

23% of Hmong students said they have had a good talk with their parents about sexually transmitted infections, which was **lower** than all students.



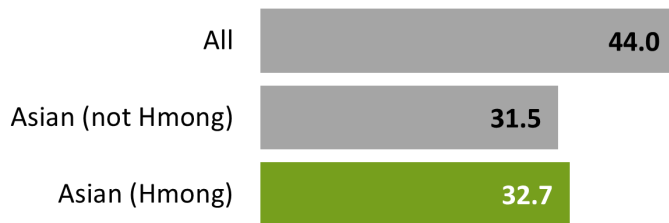
Percent of each group that said they have had a good talk with their parents about sexually transmitted infections



MENTAL AND EMOTIONAL HEALTH

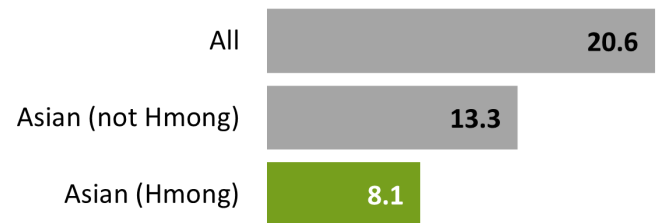
Workgroup members commented that mental health was a “newer” concept in the Hmong community. One member commented on potential factors affecting students’ willingness to share about mental health including family relationships, non-traditional parenting styles, youth perceptions of their parents, trauma, and other factors. There is inadequate research in the U.S. related to Hmong mental health which impacts access to culturally and linguistically responsive treatment programs and mental health providers. There is also a lack of medical terminology, health concepts, and standardized language available to describe mental health conditions.

33% of Hmong students said they have a long-term emotional health problem, which was **lower** than all students.



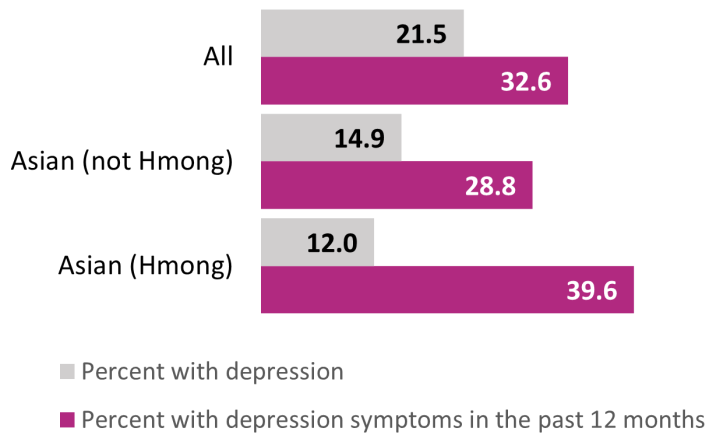
Percent of each group that said they have a long-term emotional health problem

8% of Hmong students said they are receiving mental health services, which was **lower** than all students.



Percent of each group that said they are currently receiving professional mental health services

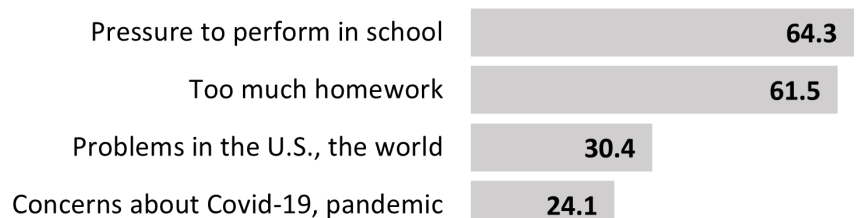
12% of Hmong students said they have depression, which was **lower** than all students.



However, when asked about **depression symptoms** (“During the past 12 months, did you ever feel so sad or hopeless almost every day for at least two weeks in a row that you stopped doing some usual activities?”), **40% of Hmong students said yes**, which was **similar** to the 33% of all students that said yes.

This indicates that some Hmong youth are experiencing depression symptoms but possibly not being diagnosed.

When asked about the main causes of stress in their lives, the responses among Hmong students weren't very different from other students. **These are the top four main causes of stress among Hmong students — primarily stress caused by school and homework.**



The four most common causes of stress in Hmong students’ lives and the percent who said these were main causes of stress in their lives



COMMUNITY ASSETS

Each community has unique assets that can help promote health equity. Community asset mapping is one way to recognize the gifts and resources of a community and the strengths of its residents. Though not exhaustive, workgroup members named numerous assets across six categories they believed existed for Hmong in the Dane County area. It is necessary to engage and leverage community assets to understand community connections and mobilize community power.



Individual: The gifts of individual community members or local residents.

Associations: Small informal groups of people who choose to come together to share their gifts or common interests. They can include local clubs, groups, or other affiliations.

Institutions: For profit, nonprofit, and government agencies. Formally structured and made up of paid individuals.

Physical: Places, spaces, and things within the community. Include what is on, above, and under the earth.

Exchange: A form of local economy where gifts and talents are exchanged, including buying, sharing, trading, bartering, and giving.

Culture: Practices, stories, events, values, and traditions that bring people together.

Adapted from *Improving Health Equity through ABCD and Using Data to Tell Your Community's Story*.³²



CONCLUSIONS

Compared to their non-Hmong Asian peers, Hmong youth in Dane County are struggling more with homework, are less involved in afterschool clubs and activities, and are less involved in the community and with their neighbors. Hmong youth are also experiencing challenges with discrimination, family relationships and communication, and emotional and mental health.

Areas of opportunities exist across multiple systems and environments to better support Hmong high school students. Stakeholders well-positioned to lead and engage in actionable change may include policymakers, educational institutions, community-based organizations, youth programs, public health departments, social service programs, health care organizations, community leaders, community members, and more.

Key Takeaways

Hmong youth (under 18) make up a large portion of our Asian community. Hmong history influences the experiences of Hmong youth and structural racism and discrimination have harmful effects on all Asian Americans. Disaggregated DCYA data provides new knowledge about Hmong student experiences, but more information is needed to gain a deeper understanding about the disparities and key themes identified.

When people are invisible in the data, they become invisible in policymaking and funding decisions. In order to improve the lives of our Hmong youth, we must first understand their experiences. We would not have been able to do this without the DCYA team offering Asian (Hmong) as an option for students to choose as their race. This report is the next step in the process — analyzing the data and having conversations with community members and those with lived experience to understand the problems facing Hmong youth and how things need to change. We hope that this report will reach all those in Dane County who come into contact with Hmong youth, and inspire them to advocate for change and engage in efforts that will improve the lives and wellbeing of Hmong youth.

We need to leverage community strengths and assets. Hmong family systems are rooted in collectivistic values which can foster a profound sense of community, strength, and support during times of need. The Hmong community values culture, especially the traditional aspects of their heritage including storytelling, paj ntaub (embroidered story cloth), Hmong New Year celebrations, and various family gatherings and events. These are ways for people to socialize, connect, and share resources. Hmong-based classes, clubs, groups, sports, and community based organizations are supportive spaces that promote a sense of belonging and inclusion. Physical spaces like parks, biking trails, gardens, and neighborhood community centers are supportive ways for the Hmong community to actively engage in health and wellness activities, as well as engage with other community members.

We have an opportunity to work collectively and collaboratively to change systems. We can dismantle structural policies and practices to improve conditions needed to better support Hmong students in our community. While we engage in intentional work to advance health equity, it is imperative to center community voices and leverage community strengths and assets to effectively and meaningfully collaborate with the community throughout each process. At the same time, recognize some community gifts require time and support to seed, flourish, and thrive and that investing in community can have long-term benefits and outcomes.



RECOMMENDATIONS

A multisystem approach is pivotal to addressing inequities and promoting health and wellbeing for Hmong American youth in Dane County. The following recommendations were developed in collaboration with workgroup members to address key themes discussed in this report.



Community level

Build trust with the Hmong community. Community engagement is foundational to advancing health equity. It is crucial to establish respectful, trustworthy, and authentic relationships with the Hmong community. Educational institutions, health care organizations, and other public and private agencies are well-positioned to partner and collaborate with community members and leaders, Hmong-led community-based organizations, and community groups on initiatives and efforts focused on promoting health and wellbeing of youth.

Cultivate a sense of belonging and inclusion. People belong to multiple social groups and may face discrimination and oppression based on various aspects of their identity. Creating safe and nurturing environments is imperative to engaging youth, promoting a high quality learning environment, and creating a sense of community.

There is also an opportunity to increase community awareness and understanding of the multifaceted nature of racism and discrimination and how it can impact the multiple levels of a person's environment. Providing support and tools to unlearn harmful beliefs and behaviors are strategies which can help promote resilience, healing, and solidarity.

Increase community knowledge and access to local resources, services, and information. The Hmong community needs better access to information about public and private agencies, organizations, civic engagement, services, resources, and information about their community in ways that make sense for them. Information should be communicated in both English and Hmong and through different communication channels (e.g., online, program booklets, videos, social media, and radio).

Establish community spaces to provide culturally and linguistically responsive educational opportunities for Hmong parents and students. Caregivers need access to education, support, and guidance to gain the knowledge and skills needed to discuss topics such as mental and emotional health, effective communication, establishing healthy caregiver-child relationships, sexual health, nutrition, and strategies to effectively interact and engage with their youth. Many topics and concepts that are commonly understood in the U.S. are not easily translated or understood in the Hmong context.



RECOMMENDATIONS



Interpersonal & Individual level

Support youth-led initiatives. Youth are active agents of their future and are the best people to help design youth-related programs, services, and activities. Leverage their knowledge, curiosity, and ideas by creating the conditions needed to bring out their authenticity and potential for success.

Take time to learn about youth needs, preferences, and how to best support them. Strong, supportive, and healthy relationships with adults can help both youth and adults thrive. Maintaining home environments that prioritize safety, stability, engagement, and relationships are important, but are not always possible because of barriers (socioeconomic status, cultural, linguistic, etc.).



Organizational level

Improve access to mental health services in schools. Increase student knowledge and accessibility to school-based mental health services, while promoting privacy for students who seek and/or utilize services. Consider incorporating culturally responsive mental health education in schools that offer Hmong class. Furthermore, implement cultural competency educational trainings for health care staff about traditional Hmong medicine and healing practices to promote more holistic care.

Develop mentorship programs for Hmong American youth. Establish supportive mentorship programs in schools and the community to guide youth in their journey toward personal, educational, and professional success.



Policy level

Disaggregate race & ethnicity data. To advance health equity, we need more information on the health, social, educational, and economic needs of the Hmong community.

The U.S. Office of Management and Budget (OMB) recently issued [updated standards](#) for maintaining, collecting, and presenting race and ethnicity data.³³ One key revision is requiring the collection of additional detail beyond the minimum required race and ethnicity categories, to ensure further disaggregation in the collection, tabulation, and presentation of data.

Organizations should implement policies that standardize data collection and reporting practices of granular race and ethnicity data to better understand the diversity, unique needs, and intersectionality of the Asian American population. Data collection forms should collect more detailed races within the Asian category, and the options listed on the form should include the most populous groups within the agency's jurisdiction (e.g., for Dane County and Wisconsin, "Hmong" should be listed as an option on the form as Hmong is one of the most common detailed Asian races).

Address structural issues impacting access to culturally responsive care. Increase support for Hmong-based research studies to develop more knowledge about the Hmong population and their health needs, invest in strategies to diversify the workforce, recruit Hmong bilingual/bicultural staff, and develop education and career pathway programs targeting Hmong youth.



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APPENDIX: TECHNICAL NOTES

Dane County Youth Assessment Methodology, Weighting, and Limitations

Between January 15, 2021, and April 15, 2021, middle and high school students from nineteen public school districts and one private high school took the DCYA. Student participation is voluntary and anonymous. Parents are notified in advance of survey administration, may review the survey at their school district office, and may opt their child out of participating. School districts attempt to survey all 7th-12th graders, with most districts capturing over 80% of students.

The DCYA data presented in this report is from high school students who completed the survey through their schools in early 2021. This was during the COVID-19 pandemic when most students were attending classes virtually from home. This likely impacted the data in multiple ways. Some behaviors that usually take place at school (like bullying) or that involve students congregating (like alcohol use or sexual behavior) were lower than previous survey years, while some negative emotional health experiences related to stress and worrying were higher than previous years. Some students may have also experienced technology challenges that impacted their ability to complete the survey, and some may not have had the desired level of privacy which could have impacted how they responded to some questions.

Due to the constraints of remote learning during the COVID-19 pandemic, two districts were able to survey only a portion of their student population. The students surveyed in these districts were weighted so that race, gender and school size were at proper proportions commensurate with typical survey participation for their respective districts. Therefore, the DCYA data should be representative of all students in each of the participating school districts, but may not be representative of all youth as a whole in Dane County. There were 156 weighted Hmong respondents to the 2021 DCYA, and per the 2021 American Community Survey 5-Year Estimates, there were 227 Hmong enrolled in high school in Dane County (with a margin of error of 122, so the estimate likely falls between 105 to 349 students). Wisconsin school enrollment data is not available for Hmong (only “Asian”), which is why an estimate is required.

Statistical Testing

Statistical testing for significance is standard practice in assessing whether the data show a pattern that we wouldn't expect by chance alone. Analysis of DCYA survey data was completed with SAS 9.4 using the SURVEYFREQ procedure, which produces 95% confidence intervals and the coefficient of variation (CV). Data was considered reliable if the confidence interval did not touch 0 or 100 and if the CV was less than or equal to .3. Differences between groups were considered statistically significant when the data were reliable and the confidence intervals did not overlap. For additional information on these statistical measures, see the first page of the Data Tables section of the appendix.

It's important to keep in mind that sometimes we see patterns in data that may be important even if they don't reach the level of statistical significance. This is more likely to happen when working with small numbers, such as with the Hmong population. Because the numbers are small, it can be harder to detect a statistically significant difference between Hmong and another group.