



**The health concern:** Merced County, CA, is home to some 8,000 Hmong refugees with limited English proficiency. Many of this community's immigrant population have disabilities, or may not be literate, and are unfamiliar with the U.S. medical system. These individuals also are at risk for tuberculosis, hepatitis infection, depression, uncontrolled hypertension, diabetes, and many other illnesses and conditions. Following Hmong tradition, residents, who also are often fearful of Western providers, seek the help of a healer or shaman, before they see a Western medical provider. The shaman perform different ceremonies to treat a person's illness, which caused concern among the local medical community. Western health care providers also felt that Hmong patients' health was compromised because they delayed seeking their help. Shaman often were not well received when they accompanied families to the hospital when a patient was admitted.

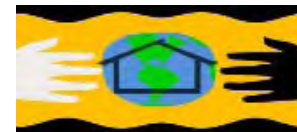
**The strategy:** Healthy House within a MATCH\* Coalition strives to improve access to health care services that are linguistically and culturally competent for the diverse ethnic communities in Merced County. It has established a number of programs, including the Partners in Healing Program, which facilitates understanding between the Merced healthcare providers and the Hmong shaman. "It was important especially for the medical professionals to become knowledgeable about the Hmong culture and the role of the shaman in order to deliver culturally sensitive care to this community," says Marilyn Mochel, R.N., certified diabetes educator, who helped to co found Healthy House.

**The action:** Healthy House, which is funded by The California Endowment Foundation, began offering a 7-week certificate program in which shaman and physicians from the local hospital exchange health care experience and information. The shaman attend health education sessions on Western style medicine that local physicians conduct. They also take a tour of the hospital emergency and operating rooms and other units. Upon graduation, they receive a jacket with special embroidery that they can wear during hospital visits." They're much more well received because it identifies them as a partner with the Merced medical community," Mochel notes. The shaman reciprocated by offering opportunities for health care providers to observe ceremonies in their homes. In December 2002, Healthy House staff traveled to several communities in Laos and Thailand for 3 weeks to visit medical care facilities and to view and document current living and health conditions forming in those countries. "A view of the Thamprabat settlement camp north of Bangkok, where more than 20,000 Hmong refugees survive within the grounds of a Buddhist temple on some 300 acres, was worth the trip," Mochel says.

**Why it works:** As cultural brokers, Mochel and her staff served as mediators, speaking with community members to identify the most respected members of the community—the shaman—to help improve health care and access to health care services for the Hmong. The cultural broker process involved creating opportunities for physicians and shaman to share their cultural beliefs about healing practices and illness. Mochel and the Healthy House staff facilitate all the efforts to ensure that both parties are brought to the table as teachers and learners. The road to improved access is a slow one, says Mochel. "But what we're hearing from people is that they are less fearful to seek care from a physician."



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\*MATCH—Multidisciplinary Approach to Cross-Cultural Health

Goode, T., Sockalingam, S., Lopez-Snyder, L. (2003) Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs. Washington, D.C.: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

<http://www.gucchd.georgetown.edu/nccc>