Speak to me: Effective Health Literacy Strategies in Promoting Diabetes Awareness to Cambodian Americans

Presented by
Theanvy Kuoch, M.A., L.P.C.
Executive Director
Khmer Health Advocates Inc.
1125 New Britain Ave Suite #202
West Hartford, Ct 06110
Tel. 9860) 561-3345
Fax: (860)561-3538
www.Khmerhealthadvocates.org
The Cambodian Community in the United States:

Who we are

We are a community of survivors of war, torture and genocide

We have been in the United States a very short time. 190,000 Cambodian entered the United States as refugees, asylees and immigrants since 1975. This created the first Cambodian Community in the United States.

90% of our educated people were exterminated between 1975-79 creating a human resource crisis for our communities.
Our Challenges

1. We are a community emerging from genocide. We need to decide how genocide has changed our identity, who we can trust as leaders and what our priorities are as a national community.

2. We lost 90% of our educated population. We need to share resources across the country in 3 very distinct resettlement patterns. a) 2 high density communities, Long Beach and Lowell b) urban areas with less than 10,000 people c) cluster resettlement in suburban areas.

3. We need to quickly address the health crisis created by diabetes, cardiovascular disease and mental health. This can only happen if we create a national coalition or organization to respond to our crisis.

4. Our culture has been consistent and intact for over 2000 years. This includes our concepts of health. We cannot quickly transition to Western health concepts.

4. We need to address illiteracy and language with very few human resources.

5. We need the support of our community members for everything we do.
• **Traditional Concepts**

• For thousands of years, Cambodians have used 4 core traditional concepts to help to hold people together as individuals, families and communities. They are:

• *Metta*: Compassionate thoughts-compassion means understanding how all living things are inter related.

• *Karuna*: Compassionate actions

• *Mudita*: Bringing joy. Life is a combination of suffering and joy and finding joy is as important as understanding suffering.

• *Uppekha*: Balance- has two meanings. The first is balance. The second refers to our ability to look closely while staying calm.
2.25 million Cambodians died of starvation and disease with no access to health care (1970-1980). Starvation is associated with diabetes, cardiovascular disease and serious psychological distress. This is an emotional issue but it requires us to “look closely, while staying calm.”
70% of adults over 34 need an interpreter to talk with a health care provider.
• 60% of our community has had less than a 4th grade education and are functionally illiterate in English and Khmer
• Over 60% of our adults over 34 have a major mental health disorder with 62% having PTSD
• We die of diabetes six times more often than the general population
• We die of strokes 2.5 times more often
• 29% of our people are living on less than $10,000 a year.
• 30% of our adults are disabled
• Our geographic resettlement patterns make it difficult to develop and deliver services.
• 1/3 of our community live in Long Beach California and Lowell Mass.
• 1/3 live in urban area with less than 10,000 people
• 1/3 of our community lives in suburban areas spread across the United States
• We have only 18 Cambodian Mutual Assistance Associations serving 300,000 people and only 8 have budgets greater than $250,000.
Our Strategy for Addressing our Challenges

1. The National Cambodian American Diabetes Project - A national strategies with local interventions. Starting with 6 Cambodian organizations it now has 12 partners.

2. We will communicate with the community using both Western and traditional concepts:
   - This means going to our elders for their wisdom
     - Promoting word of mouth communications
     - Respecting traditional concepts of health
   - 3. We will use the best Health Information Technology available to communicate.
     - videoconferencing
     - websites
     - spoken format media
Bravas Dai Knea

- In Cambodia when resources are few, people work together to get a job done. This is coming together is called *Bravas Dai Knea*. It’s how farmers bring in their crops and families care for their children and their elders. Here in the public health field it is called

- *A Community based participatory approach*

- *Because people in different parts of the country have similar needs as well as needs specific to their location we decided to use a national strategy of resource sharing with local implementation of work plans.*

- We know from our experience during the Khmer Rouge that people will help one another survive. Today this means surviving diabetes and stroke.

- We ask community members to help one another on every level from individuals to the Buddhist temples to Cambodian organizations.

- We also ask them to learn new ideas and share them with their friends and families.
Building a national team with local expertise: using a Multi-point videoconferencing Bridge
SEA leaders working on a special taskforce with CDC developed a paper on the effects of trauma and diabetes.

This paper is very important to our community because it was the first published paper to make a link between our trauma and our high rate of diabetes.

Silent Trauma was presented to the community at our first national videoconference that was bridged between 6 sites across the country and reached over 400 community members and experts on Cambodian health.

Silent Trauma convinced community leaders and community members that we must work together to educate the community about diabetes, cardiovascular disease and serious psychological distress.
Creating tools
Eat, Walk, Sleep for Health
NDEP created wonderful documents and tools for preventing and managing diabetes but we needed something to link these ideas to tradition Cambodian concepts. This was a process for

Finding the right words
Acknowledging trauma
Engaging the community in the process
Cambodians as a National Community
The National Town Hall Meeting

As a people, we are united by our suffering and our culture. In our culture we are all brothers and sisters and we need to find a way to share our stories and resources to preserve our identity.

Using bridged videoconferencing we were able to hold two national town hall meetings. The first was in 2006 and took testimonies from community members about their experiences and needs.

The second was held almost completely in Khmer and was a 1.5 hour conversation between community members from across the country and Dr. Lim Keuky an internationally known expert on diabetes.
We used bridged videoconferencing to bring together people from 12 states to have a conversation in Khmer with Dr. Lim Keuky an international expert on diabetes.
What we accomplished

• Using our community members as mentors and partners, we are able to reach 30% of the Cambodian community with NDEP messages.

• We tested *spoken format* messages and determined they are an effective method of providing health information. We distributed copies in dvd format.

• We have developed and tested a curriculum that links NDEP messages with traditional concepts of health and healing.

• We now have 25 community organizations as partners in 12 states.

• We have trained 39 community leaders.

• We have reached 3614 individuals in one on one teaching and 10795 individuals in groups.

• With the help of our community members we have disseminated over 70,000 pieces of NDEP materials.
In five years, The National Cambodian American Diabetes Project has reached over 30% of the Cambodian Community with diabetes messages and products through the dissemination of materials and campaign messages in fourteen states. Our twenty-six active partners have a service area that represents 89% (177,435 people) of the Cambodian population. Collectively we have actively disseminated over 70,000 diabetes prevention and care materials and have reached over 100,000 people with mass media campaign messaging. After NDEP has ended, seventeen Cambodian organizations will continue to use the Eat, Walk, Sleep for Health toolkit to provide diabetes promotion and education in their local communities.
Lessons learned

In order to “speak to the community” we must understand their language. Sometimes this means understanding which words are comforting and which words cause people to re-experience their trauma.

When we include the community in the planning and implementation of a program we energize and activate them to become involved. For the Cambodian community that is known to be socially isolate this is not only healing but effective.

After our town hall meeting in December, 50% of the 380 people who answer a survey said that they want to help disseminate information about diabetes to their family and friends. Most importantly, they said that they believe that they can prevent or manage their diabetes if they Eat, Walk and Sleep in balance.