Community CARES: A Blueprint for Building a Healing Community

Khmer Health Advocates

&

University of Connecticut

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The Community CARES Model

The Community CARES Model is a method of delivering integrated, cross cultural care for survivors of violent trauma who have or are at risk for complex chronic conditions associated with their trauma. The goal of the model is to work collaboratively with the individual in a cross cultural team to reduce risk and increase resiliency.

The core beliefs of the model are:

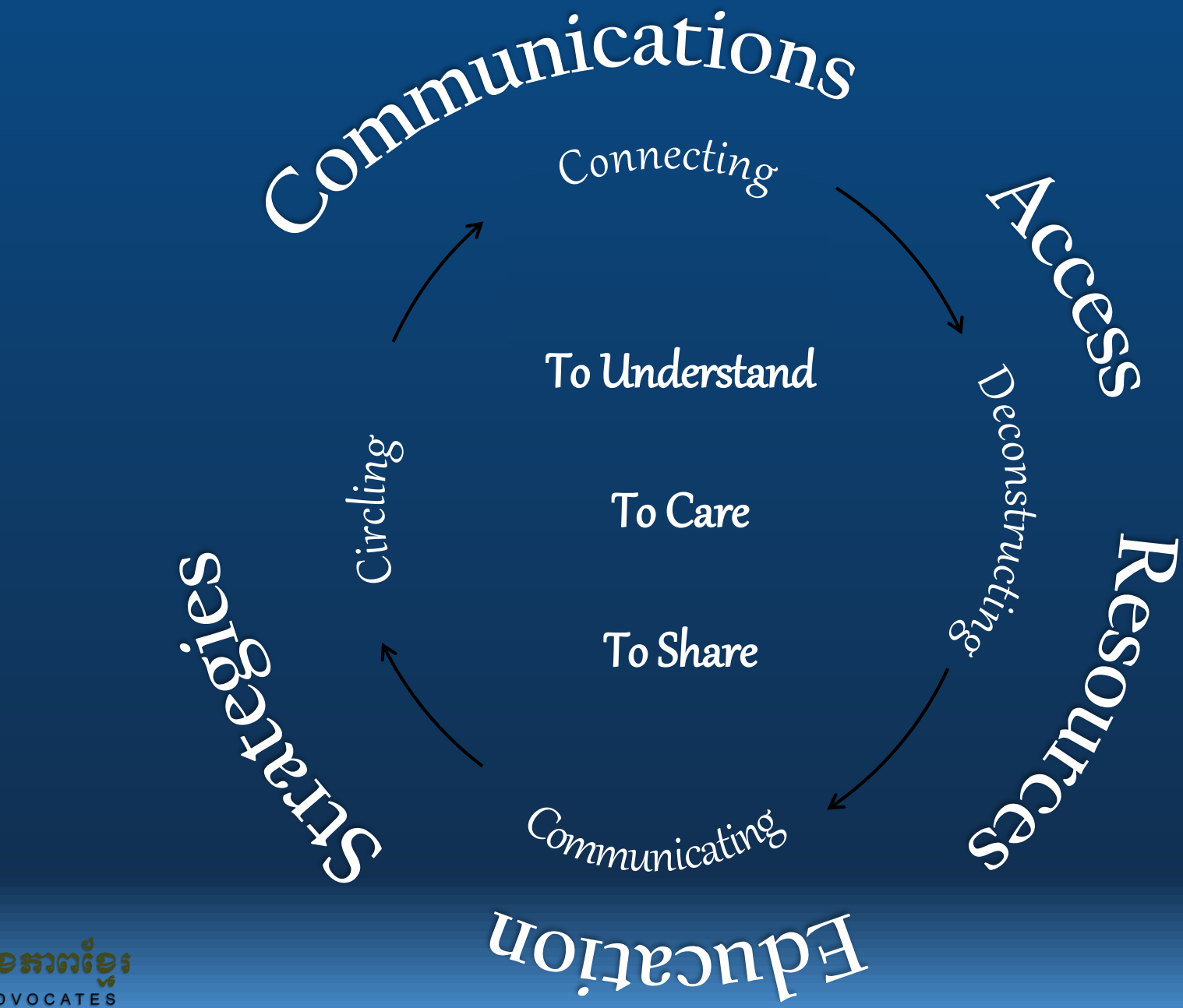
The individual is the center and the leader of the health care team.

Healing happens in community.

The role of the health care team is to remove barriers to health while building resources for healing.

40 years of experience has lead to . . .

The Community CARES Model



Do we know what we need to know?

Can we do what we need to do?

If not, why?

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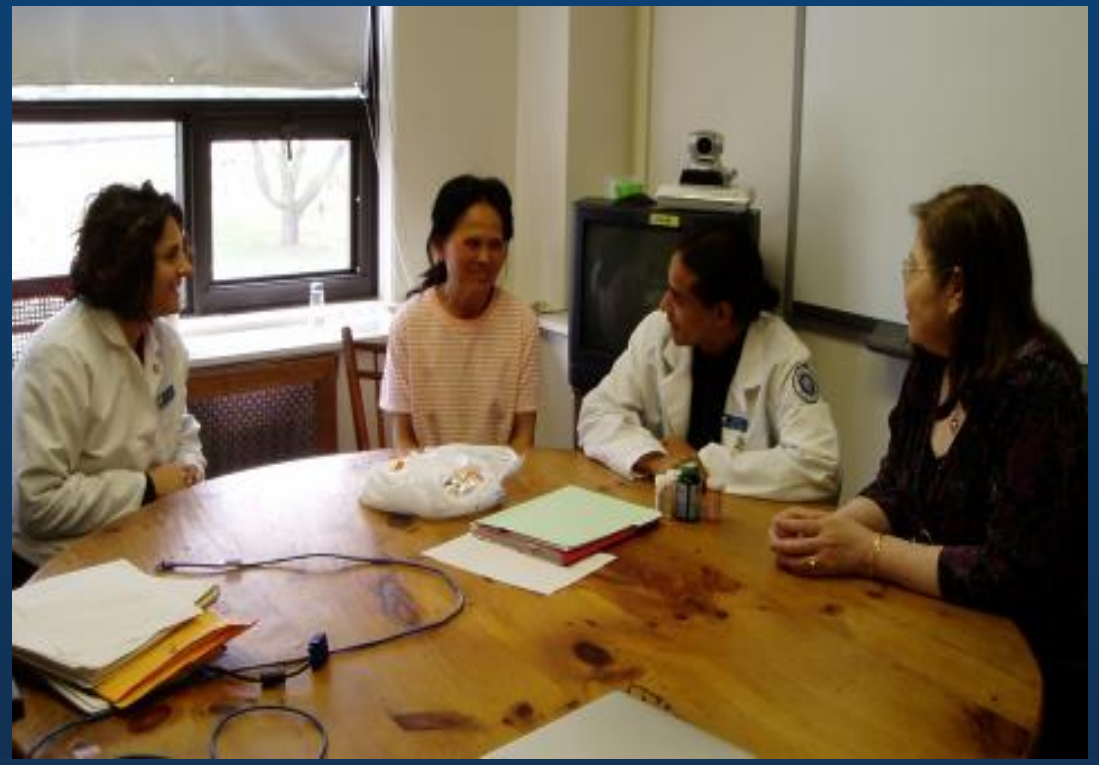
The Community Approach

Community Health Workers: Foundation of the Community CARES Model



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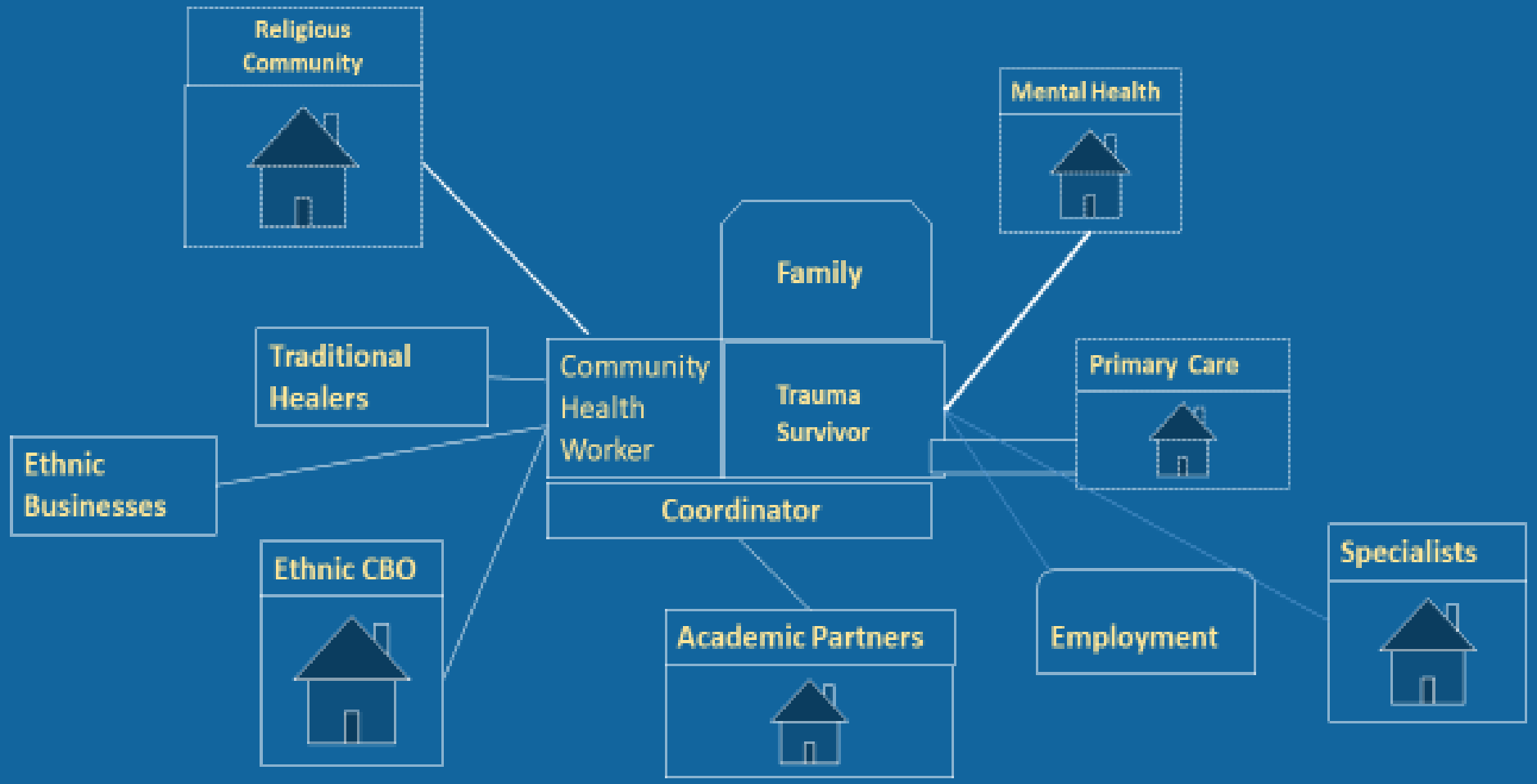
- A Synergy between…
  - Trauma survivors
  - CBOs (CHW, Coordinator)
  - Religious community
  - Traditional healers
  - Ethnic businesses
  - Academic partners
  - Primary Care
  - Mental Health

- A Synergy to…
  - Improve community member health related knowledge, skills, and behaviors
  - Improve health outcomes
  - Reduce costs

Community CARES: A Blue Print for Building a Healing Community



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The First Commitment: Understanding

Understanding

- CDC REACH US study – Survey of 136 Cambodians in CT and W. MA
  - Multiple Successes – built capacity and understanding:
    1. Cambodian American community collect data on own communities
    2. Collected cross-cultural data (navigating complexities of language & culture)
    3. Documented high rates of chronic health conditions
       - 61 % diagnosed with 3 or more physical conditions
       - 73 % with depression, PTSD, or both
       - Primary barriers to accessing care: Language and transportation problems
       - Those with probable comorbid PTSD and depression had 1.850 times more physical health problems than those without either condition. Age moderated this relationship.

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Funded by the US Center for Disease Control
REACH US Grant 5U58DP000988

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Understanding

- Southeast Asian Needs Assessment in Connecticut (2014)
  - Multiple Successes – further built capacity and understanding:
    1. Deepened experience of Community Health Workers conducting research using CBPA to document health and social needs of community
    2. Collected cross-cultural data (navigating complexities of language & culture)
    3. Collaboration between Cambodian, Lao, and Vietnamese CBOs and UConn
    4. Documented: high rates of self-reported chronic health conditions (N = 300)
       - Especially in Cambodians
       - Social disconnectedness / isolation – prominent in all 3 communities, esp. w/ elders
       - Food insecurity – 43% food ran out before end of the month
       - 1/3 too expensive to fill prescription or skipped doses, ¼ spent less on food or heat to buy medication.
       - > ½ language barriers and ¼ transportation barriers

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Understanding

- Combating health disparities in Cambodian American Communities (N=371)
  - CBOs in 6 states used CBPA and technology to document community health:
    1. Cambodian CHWs used handheld tablets programmed in spoken Khmer format
    2. Documented feasibility of collecting self-reported health data using this technology
       - Health of community perceived to be fair – women more likely to have lower quality of life
       - CHWs viewed as quite important for their health
       - 42% believed they did not have right to interpreter when saw a doctor or did not know if they did
       - 84% concerned re: homebound community members (especially elders, late adolescents)
       - Barriers to health care: language (82%), cost/lack insurance (69%), transportation (68%), not being in habit of getting annual health check up (53%), feared doctor may find something wrong with them (53%)
    3. Community members reported liked the spoken Khmer format (able to document informed consent with technology)

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The Second Commitment: Caring

Caring

- Health IT is *particularly well-suited* to address modifiable barriers to care for refugees with chronic physical and mental health conditions
  - Socially isolated and geographically dispersed
  - Language, culture, mistrust of health care system
  - Complex treatment provider networks
  - Limited experience of providers with refugees in fragmented health care system
  - Economic and social marginalization

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Caring

- What treatment & prevention approaches work?
  - Interventions emphasize well-coordinated medical and mental health care
  - Delivered by cross-cultural, multi-disciplinary teams
  - Include community health workers that are well integrated into the community, providing:
    - High-tech, culturally tailored lifestyle modification
    - Engagement with the community

- Training CHWs and Pharmacists to provide MTM as a team
  - CHW Curriculum Development
  - CHW & pharmacist “speaking the same language” with each other
    - Respect, patience, setting boundaries/limitations

Caring

- "Eliminating Barriers to Care: Using Technology to Provide Medication Therapy Management to the Underserved"
  - 96 Cambodian patients with at least 2 chronic conditions & 3 chronic medications – 48 in CT, 48 in Long Beach, CA via video (CHW w/patient or with pharmacist)
  - Medical history: 53% DM, 73% CVD, 76% mental health
    - Therapy outcomes goals improved 24% (69% to 93%) from initial to final MTM visit
    - Inappropriate medication use decreased 35%
    - Depression screen (mean Hopkins score) improved 24.5% from initial to final MTM visit
    - Medication adherence improved 22.5%
  - *No differences between Face-to-face and video*

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Caring

- Using knowledge to enhance telemedicine
- “Diabetes Risk Reduction through Eat-Walk-Sleep And Medication Therapy Management for Depressed Cambodians” (DREAM)
  - 5 year NIDDK grant project: Cambodian Americans with pre-diabetes, depression & functional impairment
  - 3 arms: Usual care vs. Health promotion (“Eat/Walk/Sleep”) vs. MTM + health promotion (CT, MA, RI: F2F & video)

- “Peer Learning for US-Cambodia Community Health Workers Managing Diabetes” (PLUS CamboDIA)
  - Train Cambodian village health workers via telehealth by Cambodian American CHWs (using “phablets”)
  - Use “Eat/Walk/Sleep” curriculum for diabetes & mental health
  - Then each village health worker manages 10+ diabetes patients in 5 remote Cambodian villages for 6 months

The Third Commitment: Sharing

Sharing

- Sharing Data
  - Individual
  - Providers
  - CBOs
  - Community

DREAM Know Your Numbers Feedback

Participant ID: # XXXX **Date: 2/26/19**

Your numbers that are in balance:

- HDL is "good cholesterol". Yours is normal at 41, above 60 is ideal.

Your numbers that are out of balance:

- Your hemoglobin A1C is 6.1 and indicates that you are very close to developing diabetes.
- Your blood pressure is high at 155/98.
- LDL is "bad cholesterol". Yours is slightly high at 131.

Recommendations:

- Replace white rice with brown rice to prevent diabetes.
- Reduce the amount of soy sauce, oyster sauce, fish paste, fish paste, salt and MSG added to recipes to lower your blood pressure. Reduce them in dipping sauces, too.
- Avoid fried foods and remove/avoid fats from meat to lower "bad" cholesterol.
- Show this paper to your physician.

Questions? Contact Julie Wagner, PhD
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DREAM Individual Session WALK Recommendations

Participant ID: #1087 **Date of Visit: _____**

In balance:

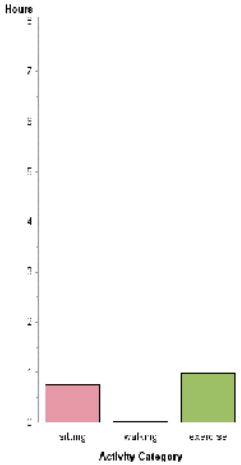
Your activity monitor shows that you are physically active for nearly 1 hour each day. Great job!

Out of balance:

Your activity monitor suggests that you are sitting or inactive for nearly 1 hour each day.
Your activity monitor suggests that you do little walking each day.

Recommendations:

1. Walk at least 30 minutes on 6 days per week.
2. Do not sit for more than 30 minutes straight. Break up long periods of sitting with short walks.
3. Choose walking instead of the car for short trips.
4. When you park in a parking lot, park far from the entrance and walk to the door.
5. Take the stairs rather than the elevator or escalator whenever you can.



Common Activities

Sitting	Exercise
Watching TV	Running
Computer use	Basketball
Riding in the car	Gardening
Lying down	Bicycle
Filling out paperwork	Volleyball
	Go4Life exercises

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Sharing

- Outcomes
  - Community forums
  - CBO presentations
  - Regional, national, international presentations
  - Interdisciplinary publications

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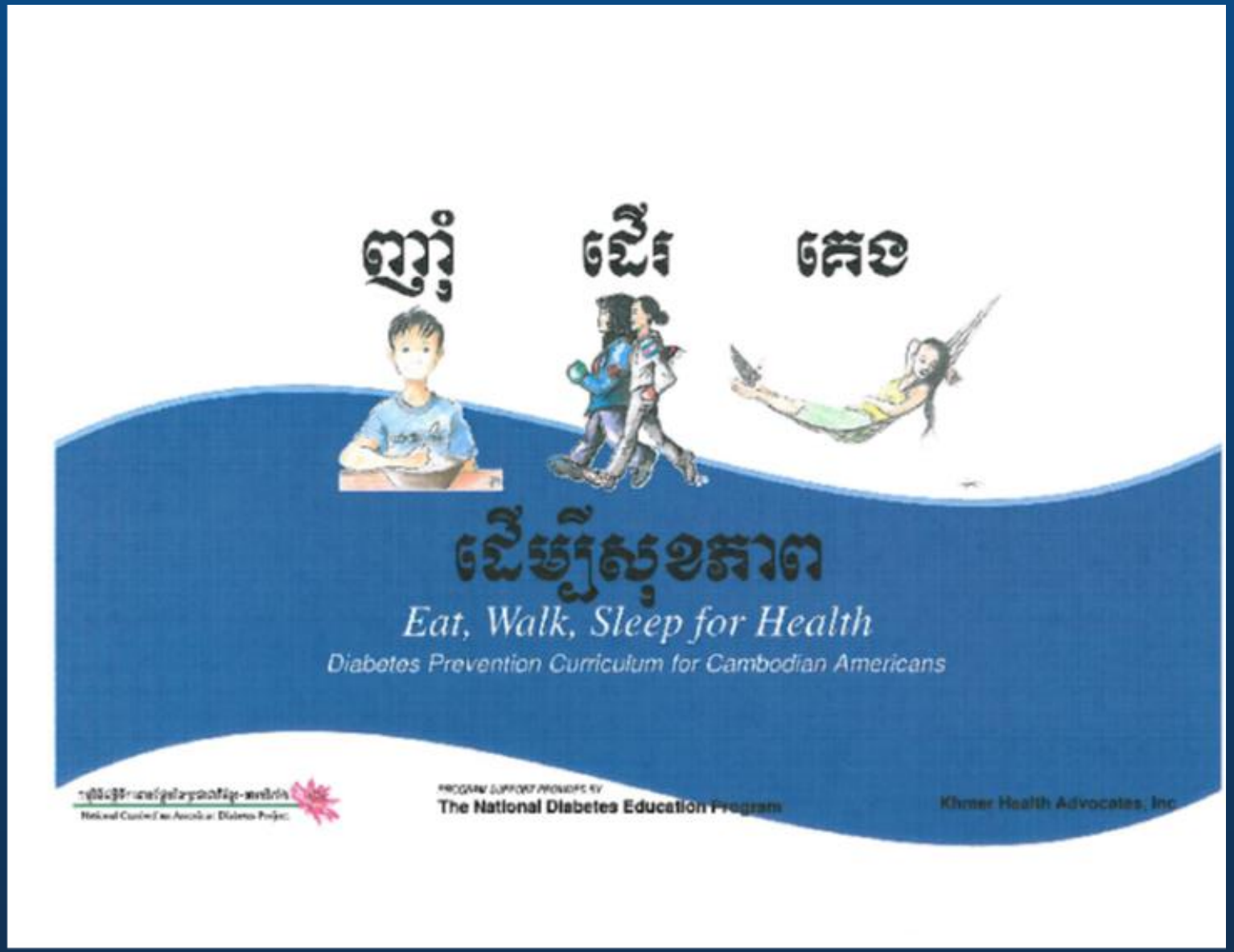
Sharing

- Sharing Resources
  - Expertise, experience
  - Open access to resources
  - *Eat, Walk, Sleep*



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Sharing

- Research Enterprise
- Moving beyond Community Based Participatory Research/Action
- Moving toward **Citizen Science**
  - Demonstration of knowledge production
  - Heightening the societal relevance of publicly funded research
  - From a closed to an open activity
  - Out of the ‘ivory tower’ and into the streets and living rooms of people affected by the science

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Thank you!

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