



connecticut state
innovation model

CT SIM CAB SOUTHEAST ASIAN AMERICAN COMMUNITY LISTENING SESSION REPORT

ELMWOOD COMMUNITY CENTER, WEST HARTFORD: OCTOBER 20, 2015

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NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD
151 New Park Ave., Hartford CT 06105

EVENT OVERVIEW

On Tuesday, October 20, 2015, Khmer Health Advocates (KHA), Lao Association of Connecticut (LAC), and the Connecticut Coalition of Mutual Assistance Associations (CCMAA) came together to organize a Southeast Asian Listening Session, in collaboration with the State Innovation Model's Consumer Advisory Board (SIM CAB). Organizers expected 85 people to attend the event at West Hartford's Elmwood Community Center, but 148 came. Many in the audience listened through headsets because the program was being translated into Khmer, Lao, and Vietnamese.



Those who spoke described challenges including difficulty affording medication, concerns about social isolation, and higher rates of chronic disease and mental health conditions related to trauma than the overall population.

State Healthcare Advocate Victoria Veltri told the audience that health care policy is often made by people whose cultural identities don't reflect those most affected by healthcare access issues. Veltri applauded the event organizers for sharing the perspectives of Southeast Asian immigrants. "Only by listening to you can we change the way we deliver health care...change it to be meaningful to you."

KEY FINDINGS:

Limited services exist to support APAs with healthcare access in CT. Most Southeast Asian refugees and immigrants encountered a range of difficulties relating to lack of data, language, transportation, and cultural barriers when trying to address their healthcare needs.



APAs struggled mostly due to language and transportation barriers. Notably, many Southeast Asians continue to rely on family and friends to set up doctors' visits, to interpret in healthcare settings, and to help decipher follow-up instructions. Additionally, many elderly APAs lack transportation to consistently get their annual check-ups, much less attend follow-up appointments. Reliance on community members for language help and for transportation prevent APAs from properly accessing

healthcare. Translation and interpretation support from qualified professionals is critical to healthcare access for Southeast Asians.

APAs also struggled to find healthcare due to cultural barriers. Many felt that doctors do not understand them or the backgrounds. Community members wanted more APAs represented among healthcare providers, or that providers at least knew about their specific healthcare concerns. People wanted any ongoing healthcare research on APAs to have disaggregated data (by ethnic group) so healthcare providers

and policy makers can understand the differences between different APA communities and treat them accordingly.

WHAT WE LEARNED:

As the APA population continues to age and expand across the state and nationwide, we must do a better job of addressing APA communities' healthcare needs. To do this, we must address gaps transportation, in translation and interpretation, and offer culturally competent care.

CHALLENGES ABOUT HEALTHCARE:

The forum offered opportunities for community members and researchers to share the healthcare barriers facing Southeast Asians. Community leaders spoke of their own experiences surviving prison camps or torture in Vietnam, Laos and Cambodia. Howard Phengsomphone, executive director of the Lao Association of Connecticut, described fleeing Laos by swimming across the Mekong River in the middle of the night. He spent almost a year in a refugee camp before being resettled in Old Lyme in 1980. Theanvy Kuoch, executive director of Khmer Health Advocates and a member of the consumer advisory board that hosted the event, spoke of living through the Khmer Rouge's brutal regime in Cambodia in the 1970s. At least 19 of her family members were killed by the Khmer Rouge or died from starvation or lack of medication. Ban Tran, the executive director of CCMAA, shared his nightmares from being in a community prison for 9 years. He said he recognizes that the nightmares represent a kind of mental illness, but acknowledged that many in his community who face similar challenges don't want to acknowledge them. "It is not easy to talk about this issue because they don't want to speak out, but it is still in their minds," he said.



Megan Berthold, a UConn School of Social Work professor who has worked extensively with refugees from Southeast Asia stated "Language is a huge barrier." Many of those who came to Connecticut as refugees from Vietnam, Cambodia and Laos in the 1970s and 80s live with multiple chronic medical conditions, depression and post-traumatic stress. But often, they get medical care without access to trained interpreters to help bridge language barriers that can make it difficult to communicate their symptoms, understand how to handle medication, or build the trust needed to address the effects of trauma. Without trained interpreters, many patients don't feel safe telling their doctor the full extent of what they're experiencing, asking questions or weighing in on their treatment in ways that could improve it.



Language barriers can be particularly challenging in addressing trauma, since people tend to feel most comfortable in their native language when discussing painful subjects, said Sambo Ly, director of the interpreter services department and refugee health programs at Alameda Health System in California. Ly then described a video interpretation service her department now uses. Before they had that service, when

interpreters traveled to each appointment, they could meet 100 requests for interpretation per day. Now, by doing it by video, they can do 700.

Tom Buckley, a professor at the UConn School of Pharmacy who also works with Khmer Health Advocates, said he's hopeful about an approach to addressing complex medication regimens that pairs a pharmacist with a community health worker who knows the community and culture.

The community health worker gathers as much information as possible from the patient and has training to screen for depression, post-traumatic stress disorder and other issues. That can help bridge communication with the pharmacist, allowing him or her to concentrate on figuring out which medications are right for the patient, explaining how to take them, and ensuring that the care plan reflects what the patient wants.



SIM CAB FEEDBACK:

Patricia Checko, who co-chairs the consumer advisory board, said she hoped the experiences of Southeast Asian refugees could provide lessons at a time when another wave of refugees, from Syria, is expected in the country.

RECOMMENDATIONS:

- 1. Offer Comprehensive and Reliable Translation and Interpretation Services:** While more bilingual and bicultural health providers are needed, one strategy to addressing APA healthcare access issues is a comprehensive plan to offer trained, qualified interpreters in healthcare settings and translated healthcare materials (including drug prescription, patient education, and shared decision-making materials) across different APA languages. Easy access to telephone and video interpreter services also should be part of the strategy. Trained interpreters help APAs understand their diagnoses, participate more fully in their healthcare, complete follow-up care, and engage in preventive behaviors. Behavioral health is a service for which it is especially important to have qualified, trained interpreters and translated materials.
- 2. Offer Culturally Appropriate Behavioral Health Services:** Because of their experiences related to war, torture, and genocide, the Southeast Asian communities have high rates of post-traumatic stress disorder. The communities talk openly about this condition and how it is related to their general health. However, access to behavioral health services is limited due to the lack of providers who speak the language of the communities and because few providers are familiar with treating this condition in civilian populations. Few providers are familiar with the diagnostic tools available in Southeast Asian American languages and that represent the distinct cultural understanding of each of the communities.

In Southeast Asia many conditions considered to behavioral health disorder are treated by traditional healers. Lack of a traditional healer is a hardship for the communities. Lack of community health workers trained to assist health care providers with evaluations often results in misunderstandings with

providers, especially when family members are used as translators. Stigma is generally associated with a fear of being considered “crazy.”

3. Offer Accessible Healthcare Providers or Transportation to Healthcare Appointments: To address transportation issues, healthcare agencies should be within walking distance to APA communities, be within easy access to main bus lines and transportation hubs, or offer in-home services for community members who struggle to leave their home. In-home services can include helping people manage medications, offering therapeutic conversations to address mental health concerns or loneliness, and providing basic preventive medical care. Health insurance companies should ensure their provider networks offer services to meet these needs.

4. Need for Community Health Workers (CHWs): Southeast Asian community members agreed that community health workers are essential to health care for the Southeast Asian communities. Due to their shared lived experiences, CHWs can help community members tell their stories and explain Southeast Asians’ cultural understanding of illness to healthcare providers. Since Southeast Asians have so many complex chronic diseases, they face multiple barriers to care and need help with every aspect of care, from making an appointment, to talking with their providers, to completing medical tests, to filling their prescriptions and taking their medications properly. Community health workers need to be available in the community and are an essential part of a healthcare team.



5. Continue to Research APA Community Needs and Disaggregate the Data: APA healthcare needs are distinct from other minority groups, and within the diverse APA community, it is important to distinguish which groups need what kinds of support. Disaggregation of APA health data by race/ethnicity and primary language is key to understanding the differences between Khmer, Lao, Vietnamese, and other Asian American groups in CT. Gathering this data should be an integral part to developing cultural competency for healthcare providers.

OVERVIEW OF SURVEY FEEDBACK

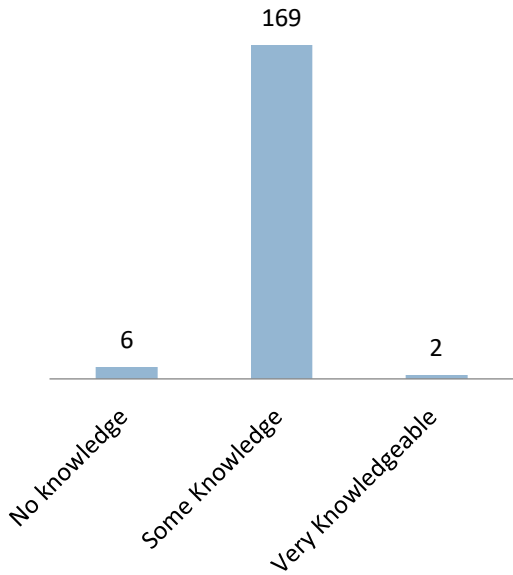
Special surveys were administered before and after the Listening Session, with the help and partnership of three community-based organizations led by Southeast Asian leaders: the Connecticut Coalition of Mutual Assistance Associations (CCMAA), Khmer Health Advocates (KHA), and Lao Association of Connecticut (LAC). Each organization reached out to dozens of key community members and leaders to conduct key informant interviews and administer hundreds of surveys. Organizations used interpreters to conduct interviews in community settings. All interviews were translated from native languages into English for the study.

A total of **412** surveys and **81** key informant interviews were conducted. The key informant interviews helped us come up with the key findings and recommendations in this report, and the survey results are contained in the following pages.

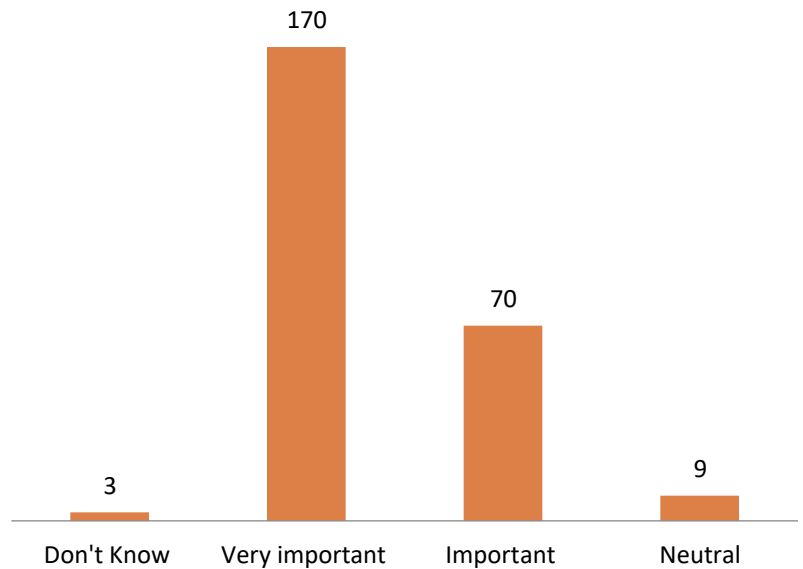
The survey administrator analyzed quantitative data from survey results and qualitative information from key informant interviews. Survey responses were imported into Microsoft® Excel, where data analysis was completed.

PRE SURVEY FEEDBACK

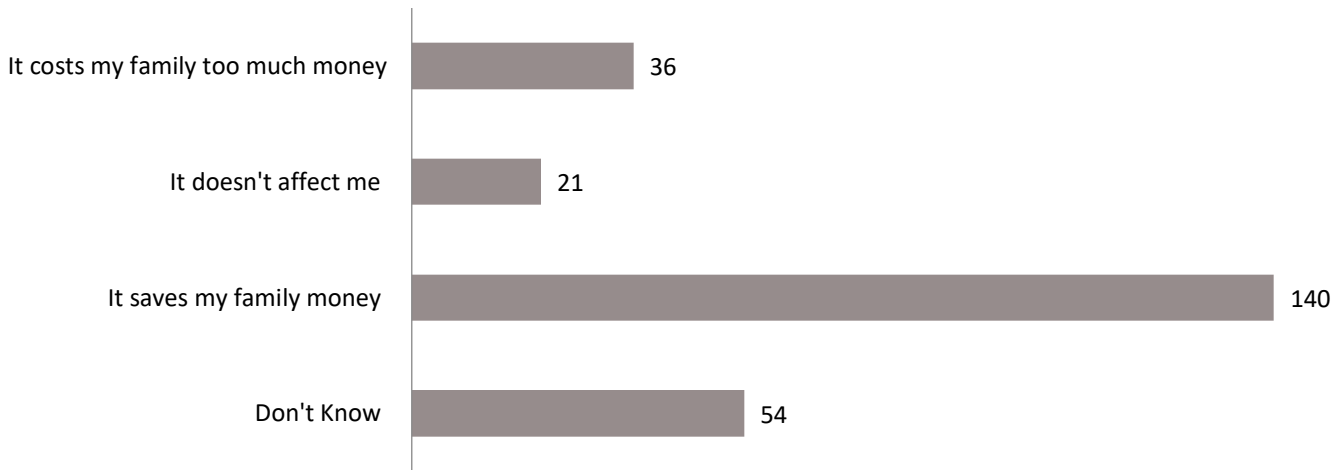
1. What is your knowledge of ACA?



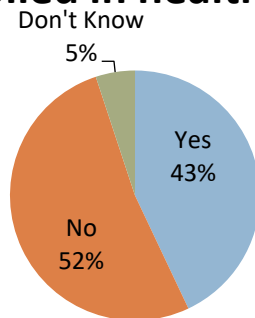
2. How important is health insurance for you?



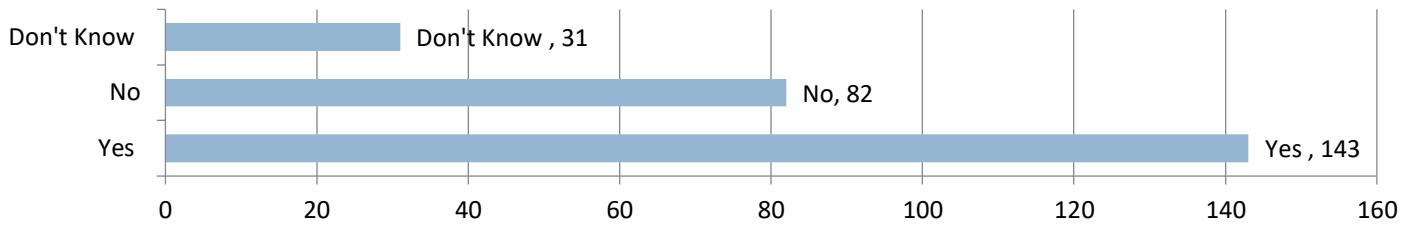
3. How does the ACA affect you?



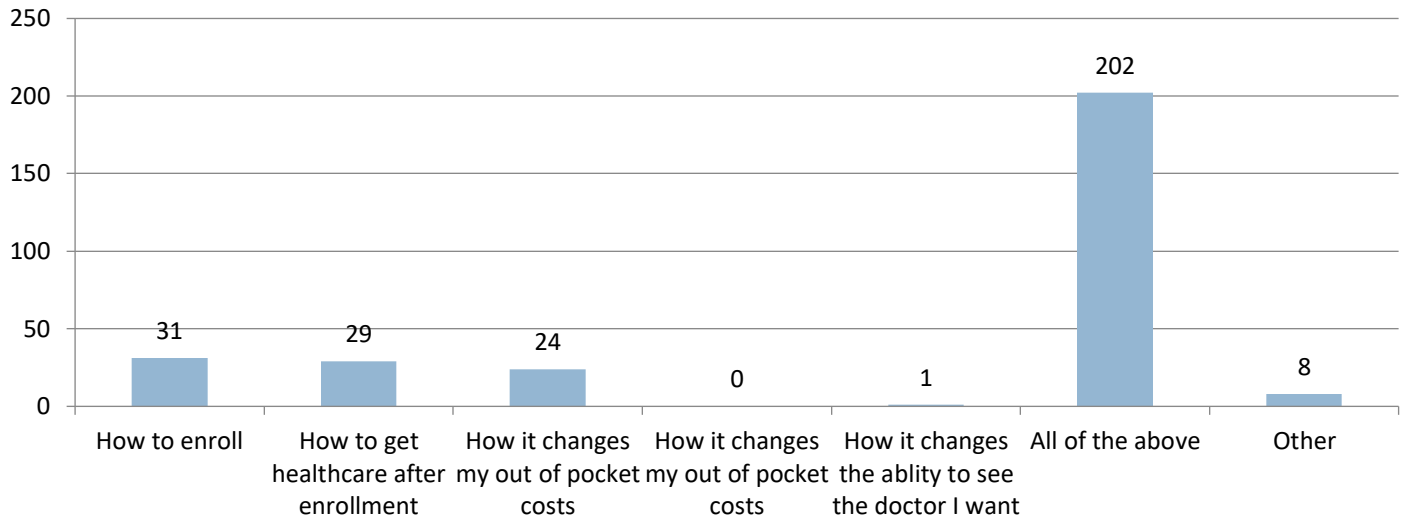
4. Are you enrolled in health care coverage?



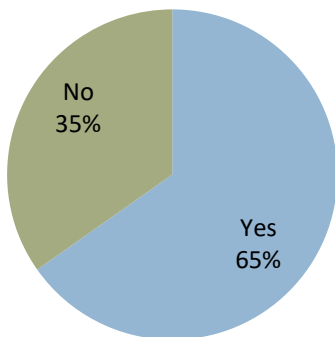
5. If you are not enrolled, do you know how to sign up for health care coverage?



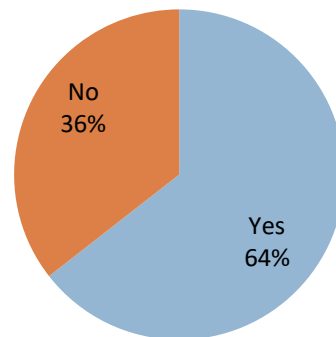
6. What do you want to know about the ACA?



7. Did you know patients have the right to get a free translation services?



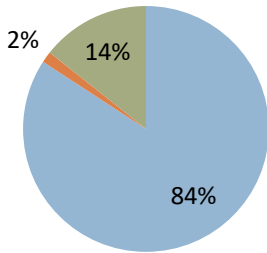
8. Did you know patients have the right to get free health information translated into their native language?



POST SURVEY FEEDBACK

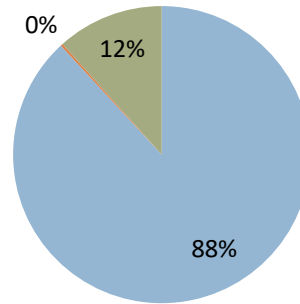
1. Do you know who to talk to if you want more information?

■ Yes ■ No ■ Don't Know

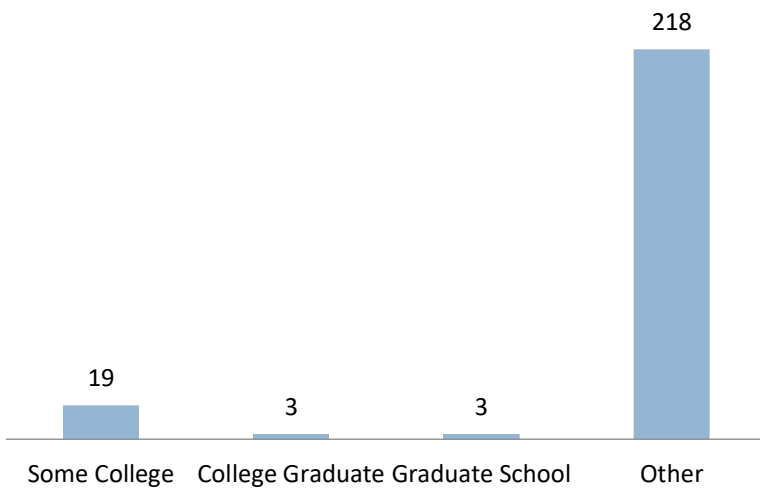


2. Was this session helpful to you?

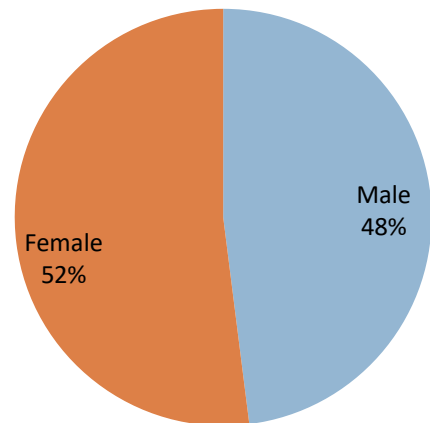
■ Yes ■ No ■ Don't Know



Education



Gender



Income

